

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K83334

1. Entity Name

GRAEBEL/SOUTH FLORIDA MOVERS, INC.

FILED

Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90101 018 \*\*\*150.00

Principal Place of Business

1724 PARK CENTRAL BLVD  
POMPANO BEACH FL 33064  
US

Mailing Address

1724 PARK CENTRAL BLVD  
POMPANO BEACH FL 33064  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0109880

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, STEVE  
1724 PARK CENTRAL BLVD  
POMPANO BEACH FL 33064

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete  
NAME GRAEBEL, DAVID W.  
STREET ADDRESS 401 S. AIRPORT BLVD.  
CITY-ST-ZIP AURORA CO 80017

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S/D ☐ Delete  
NAME GRAEBEL, LOIS G.  
STREET ADDRESS 401 S. AIRPORT BLVD.  
CITY-ST-ZIP AURORA CO 80017

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V/D ☐ Delete  
NAME WARE, G. LANE  
STREET ADDRESS 500 3RD ST  
CITY-ST-ZIP WAUSAU WI 54403

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME LEE, GENE  
STREET ADDRESS 401 S. AIRPORT BLVD.  
CITY-ST-ZIP AURORA CO 80017

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME GRAEBEL, BENJAMIN D  
STREET ADDRESS 401 S. AIRPORT BLVD.  
CITY-ST-ZIP AURORA CO

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GRAEBEL, WILLIAM H  
STREET ADDRESS 401 S. AIRPORT BLVD  
CITY-ST-ZIP AURORA CO 80017

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)