

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011758

1. Entity Name

B.A Moving Services LLC.

FILED

01 JUL 30 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

2861 N Oakland Forest DR

3. Mailing Address

2861 N Oakland Forest DR

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

204

City & State

Oakland Pk FL

City & State

Oakland Pk FLORIDA

4. FEI Number

65-1044293

Applied For

Not Applicable

Zip

Country

33309

US

Zip

Country

33309

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MARGARET GRANT

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

28-61 N Oakland Forest Drive # 204

City

Oakland Pk

FL

Zip Code

33309

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

Margaret Grant

7/19/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900004513449--2

08/03/01--01005--009

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NGR
NAME Margaret Grant
STREET ADDRESS 28-61 N Oakland Forest Dr #204
CITY-ST-ZIP Oakland Pk FL 33309

☐ Delete

TITLE MGR
NAME Margaret Grant
STREET ADDRESS 2861 N Oakland Forest DR # 204
CITY-ST-ZIP Oakland Pk FL 33309

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Margaret Grant

6/22/01 954-486-6375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)