

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90093 016 ***150.00

DOCUMENT # L52220

1. Entity Name

ALADDIN - NAGLEE MOVING & STORAGE, INC.

Principal Place of Business

Mailing Address

24100 TISEO BLVD**24100 TISEO BLVD****#4**
PORT CHARLOTTE FL 33980-4200**#4**
PORT CHARLOTTE FL 33980-5223

2. Principal Place of Business

24100 Tiseo Blvd

3. Mailing Address

24100 Tiseo Blvd

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

1

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33980-5223

Country

Zip

33980-5223

Country

4. FEI Number

65-0175029

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LIEBERMAN, ERIK R.
227 NOKOMIS AVE S
VENICE FL 34285

7. Name and Address of New Registered Agent

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	SCHWEIGER, PHILIP J.	
STREET ADDRESS	1402 TALMADGE HILL SOUTH	
CITY- ST- ZIP	WAVERLY NY	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HOOSE, SCOTT M.	
STREET ADDRESS	205 S 11TH ST, APT 3	
CITY- ST- ZIP	ELMIRA HEIGHTS NY-14903	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)