

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90016 018 ***150.00

DOCUMENT # L95355

1. Entity Name
DEVRIES MOVING & STORAGE, INC.

Principal Place of Business

1593 VILLAGE GREEN DR
 PORT ST. LUCIE FL 34952
 US

Mailing Address

1593 VILLAGE GREEN DR
 PORT ST. LUCIE FL 34952
 US

642683



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1582 NIEMEYER CIRCLE
 Suite, Apt. #, etc.

3. Mailing Address

1582 NIEMEYER CIRCLE
 Suite, Apt. #, etc.

City & State
 PORT ST LUCIE FL

City & State
 PORT ST LUCIE FL

4. FEI Number **65-0214389**

Applied For
 Not Applicable

Zip
 34952 Country
 USA

Zip
 34952 Country
 USA

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

DEVRIES, RONALD
 1593 VILLAGE GREEN DR
 SUITE 1
 PORT ST LUCIE FL 34952

Name
 DEVRIES, RONALD
 Street Address (P.O. Box Number is Not Acceptable)
 1582 NIEMEYER CIRCLE
 City
 PORT ST LUCIE FL Zip Code
 34952

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 *Ronald Devries*

4/17/01

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 NAME STREET ADDRESS CITY-ST-ZIP	DPT DEVRIES, RONALD P. 2162 WATERCREST ST PORT ST. LUCIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DEVRIES, JERILYN 2162 WATERCREST ST PORT ST. LUCIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: *Ronald Devries* RONALD DEVRIES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

Daytime Phone #

CR2E034 (10/00)