

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90027 001 \*\*\*\*\*50.00  
04-22-2003 90027 002 \*\*\*\*\*5.00

0061575

DOCUMENT # L99000003744

1. Entity Name  
PROPERTY MOVERS L.C.



Principal Place of Business

2705 CLUBHOUSE DR  
LAKE WALES FL 33853

Mailing Address

2705 CLUBHOUSE DR  
LAKE WALES FL 33853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip  
33898

Country

Zip  
33898

Country

4. FEI Number 59-3587663

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MADDEN, JAMES W  
2705 CLUBHOUSE DR  
LAKE WALES FL 33853 33898

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]*

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MADDEN, JAMES W  
2705 CLUBHOUSE DR  
LAKE WALES FL 33853 33898 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MADDEN, DONNA H.  
2705 Clubhouse Pr.  
Lake Wales FL 33898 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HALLORAN, GERARD J  
556 BITTERWOOD CT  
KISSIMMEE FL 34743 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~MGRM~~  
~~Madden, Donna H.~~  
~~2705 Clubhouse Pr.~~  
~~Lake Wales FL 33898~~ ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ 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: *[Signature]* **SIGNATURE REQUIRED** James W. Madden 4/10/03 8636760914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)