

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90066 025 ***158.75

0504005 AV

DOCUMENT # M77690

1. Entity Name
FISTER MOVING AND STORAGE, INC.



Principal Place of Business
**3725 FRONTAGE RD. N.
LAKELAND FL 33809
US**

Mailing Address
**3725 FRONTAGE RD. N.
LAKELAND FL 33809
US**

90016026



2. Principal Place of Business

3725 N. Frontage Rd

Suite, Apt. #, etc.

#8

City & State

Lakeland, Fl.

Zip

33809

Country

USA

3. Mailing Address

3725 N. Frontage Rd.

Suite, Apt. #, etc.

#8

City & State

Lakeland, Fl.

Zip

33809

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **62-1350600**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWNING, RANDY
3725 FRONTAGE RD. N.
LAKELAND FL 33809**

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

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete
NAME **FISTER, MICHAEL**
STREET ADDRESS **2305 PALUMBO DR.**
CITY-ST-ZIP **LEXINGTON KY**

TITLE **P/T** ☐ Change ☒ Addition
NAME **Randy H. Browning**
STREET ADDRESS **3725 N. Frontage Rd., #8**
CITY-ST-ZIP **Lakeland, Fl.**

TITLE **D** ☒ Delete
NAME **FISTER, KATHY**
STREET ADDRESS **2305 PALUMBO DR.**
CITY-ST-ZIP **LEXINGTON KY**

TITLE **V/D** ☐ Change ☒ Addition
NAME **Raymond S. Thogode**
STREET ADDRESS **3725 N. Frontage Rd., #8**
CITY-ST-ZIP **Lakeland, Fl. 33809**

TITLE **DV** ☒ Delete
NAME **BROWNING, RANDY**
STREET ADDRESS **3725 N FRONTAGE RD**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **S/M** ☐ Change ☒ Addition
NAME **Michelle Thogode**
STREET ADDRESS **3725 N. Frontage Rd., #8**
CITY-ST-ZIP **Lakeland, Fl. 33809**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Randy H. Browning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03

(863) 683-6494

Date

Daytime Phone #

CR2E034 (10/02)