2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M81920

SUNBELT MOVING & DELIVERY, INC.

Principal Place of Business

Mailing Address

533 SW 2 AVE 533 SW 2ND AVENUE GAINESVILLE FL 32601 GAINESVILLE FL 32601-6257 2. Principal Place of Business Mailing Address

FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90140 040 ***150.00



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Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO NOT WR	ITE IN THIS	SPACE			
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Zip Country			Zip Cour		itry	5. Certificate of Status Desired				\$8.75 Fee Re			
	6 Name	and Address of Current Re	gistered Agent		Γ	7. 1	lame and Ac	dress of New	Registered		<u> </u>		
	0		<u></u>		Name								
GOODKIND, BRIAN K.													
					Street Address (P.O. Box Number is Not Acceptable)								
	AVIATION	AVE.											
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MIAMI FL 33133					City					FL Zip Code			
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8. The above	named entity	y submits this statement for th	e purpose of changing its	register	ed office or	registered age	ent, or both, i	n the State of F	orida.				
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SIGNATURE _						•		·		5.4	· .		
SIGNATORE	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signatu	re required when re	instating)		DATE	,			
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9. This corporation is eligible to satisfy its Intangible FILE NOW!!! F Tax filing requirement and elects to do so. After MAY 1, 2000 F					to. Ejection Campaign Fi				_			May Be	
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		a information arrestiant with the	io filing does not avalle for			od in Section	110 07/21/1	Florida Statutos	I further o	ortify that	the in	formation	
 13. I hereby of indicated 	certify that th I on this repo	e information supplied with th rt or supplemental report is tru	is hing does not qualify for ue and accurate and that r	ny signa	ampiion stat iture shall h	ave the same	legal effect a	s if made unde	oath; that	laman o	fficer	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 REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #