

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90134 014 *****61.25

DOCUMENT # N02000003432

1. Entity Name

KEEP IT MOVING INC.



Principal Place of Business

**386 JOHN ALDEN LN
N FT MYERS FL 33917**

Mailing Address

**386 JOHN ALDEN LN
N FT MYERS FL 33917**

2. Principal Place of Business

386 JOHN ALDEN LN

3. Mailing Address

386 JOHN ALDEN LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. FT. MYERS, FL

City & State

N. FT. MYERS, FL

Zip

Country

33917

LEE

Zip

Country

33917

LEE

4. FEI Number

02-0549451

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRITSCH, DORIS
386 JOHN ALDEN LN
N FT MYERS FL 33917**

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

04/05/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FRITSCH, DORIS	
STREET ADDRESS	386 JOHN ALDEN LN	
CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLSZWESKI, VICKI	
STREET ADDRESS	210 SW 47TH TERR APT #3	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLSZWESKI, FRED	
STREET ADDRESS	210 SW 47TH TERR APT #3	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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:

DORIS FRITSCH

04/05/03 239-731-0951

CR2E037 (10/02)