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

FILED
Jan 22, 2004 8:00 am
Secretary of State
01-22-2004 90001 032 ****61.25

DOCUMENT # N03000010256

1. Entity Name
GET MOVING AMERICA!, INC.

DO NOT WRITE IN THIS SPACE

24003219

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2. Principal Place of Business	3. Mailing Address
1011 SINGER DR	1011 SINGER DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RIVIERA BCH, FL	City & State: RIVIERA BCH, FL
Zip: 33404 Country: USA	Zip: 33404 Country: USA

4. FEI Number 65-1092825 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: SHANNON CAKE

Street Address (P.O. Box Number Is Not Acceptable): 1011 SINGER DR

City: RIVIERA BCH FL Zip Code: 33404

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: SHANNON CAKE, V/S — NOV. 25, 2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	P/T
NAME	CAROLINE SANJUAN
STREET ADDRESS	1401 DOUBLE EAGLE CIR
CITY-ST-ZIP	BELLEVILLE, IL 62220
TITLE	V/S
NAME	SHANNON CAKE
STREET ADDRESS	1011 SINGER DR
CITY-ST-ZIP	RIVIERA BCH, FL 33404
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NAME	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLINE SANJUAN — NOV. 25, 2003 — 619-236-6582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #