

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N49930**

1. Entity Name

**MEN ON THE MOVE, INC.****FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90240 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**505 MARTIN LUTHER KING JR. AVENUE  
SUITE 1  
LAKELAND FL 33801****505 MARTIN LUTHER KING JR. AVENUE  
SUITE 1  
LAKELAND FL 33801**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3298586**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLOVER, KENNETH C.  
505 MARTIN LUTHER KING JR. AVENUE  
SUITE 1  
LAKELAND FL 33801**

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.

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 \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **BLAKE, WENDELL O**  
STREET ADDRESS **5514 KINGS MON DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33813**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☒ Delete  
NAME **HAMILTON, DAVID**  
STREET ADDRESS **1040 W 14TH ST**  
CITY-ST-ZIP **LAKELAND FL 33805**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VD** ☐ Delete  
NAME **COBBS, LEON**  
STREET ADDRESS **1005 PARKER RD**  
CITY-ST-ZIP **LAKELAND FL 33811**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **PD** ☐ Delete  
NAME **FORTE, BENJAMIN**  
STREET ADDRESS **4001 SMITH RYALS ROAD**  
CITY-ST-ZIP **PLANT CITY FL 33567**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☒ Delete  
NAME **WEBLEY, RON**  
STREET ADDRESS **3628 W WHEELER ST**  
CITY-ST-ZIP **LAKELAND FL 33809**TITLE **Secty.** ☒ Change ☐ Addition  
NAME **Kenneth C. Glover**  
STREET ADDRESS **505 Martin Luther, #1**  
CITY-ST-ZIP **Lakeland, Florida 33815**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #