

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002830

1. Entity Name

MOVINGBELT.COM, INC.

Principal Place of Business

19046 BRUCE B. DOWNS BLVD., STE. 225
TAMPA FL 33647

Mailing Address

19046 BRUCE B. DOWNS BLVD., STE. 225
TAMPA FL 33647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617048

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURTON, STEVEN G ESQ.
101 E. KENNEDY BLVD., STE. 1165
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name Charles J. Lewandowski

Street Address (P.O. Box Number is Not Acceptable)

~~Maxima Business Services~~

9112 Highland Ridge Way

City Tampa

FL

Zip Code 33647

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)

3/29/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

NAME ~~Charles J. Lewandowski~~
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition

NAME President
Charles J. Lewandowski
STREET ADDRESS
CITY-ST-ZIP 9112 Highland Ridge Way
Tampa FL 33647

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 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

Charles J. Lewandowski

3/29/01

Date

813-973-8476

Daytime Phone #

CR2E034 (10/00)

0355282

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90036 017 ***150.00



DO NOT WRITE IN THIS SPACE