

01-02 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000013435

1. Entity Name

meticulous movers inc.

FILED

02 MAY -8 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3099 NW 91 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#101

City & State

Coral Springs FL

City & State

Zip

Country

Zip

33065

Country

USA

4. FEI Number

65-0981500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Kris M. Taylor

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

3099 NW 91st Ave

Suite 101

City Coral Springs

FL

Zip Code 33065

**DO NOT WRITE
IN THIS SPACE**

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

Kris M. Taylor

5/7/02

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

STREET ADDRESS

CITY - ST - ZIP

P.
Kris M. Taylor
3099 NW 91 Ave #101
Coral Springs FL 33065

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

400005575664--3

05/21/02--01003--031

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S.T.V.
Vicki C. Taylor
3099 NW 91 Ave #101
Coral Springs FL 33065

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

***300.00 ***300.00

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kris M. Taylor

5/7/02

954 575 9192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)