

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90050 038 ***150.00

01/07/02 AV

DOCUMENT # P00000017274

1. Entity Name

WE HAUL, INC.

Principal Place of Business

**214 MORNINGSIDE LOOP
 VALRICO FL 33594-3634**

Mailing Address

**214 MORNINGSIDE LOOP
 VALRICO FL 33594-3634**

2. Principal Place of Business

**11315 Torrey Pines Dr.
 Suite, Apt. #, etc.**

3. Mailing Address

**11315 Torrey Pines Dr.
 Suite, Apt. #, etc.**

City & State

Riverview, FL

City & State

Riverview, FL

4. FEI Number

59-3629324 3707512

Applied For

☐ Not Applicable

Zip

Country

33569-7026 Hills

Zip

Country

33569-7026 Hills

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BOWES, THOMAS E. name misspelled
 214 MORNINGSIDE LOOP new add.
 VALRICO FL 33594**

7. Name and Address of New Registered Agent

**Name
 Brewer, Thomas E
 Street Address (P.O. Box Number is Not Acceptable)
 11315 Torrey Pines Dr
 City Riverview FL Zip Code 33569-7026**

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

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	BREWER, THOMAS E	
STREET ADDRESS	214 MORNINGSIDE LOOP	
CITY-ST-ZIP	VALRICO FL 33594-3634	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brewer, Thomas E	
STREET ADDRESS	11315 Torrey Pines Dr	
CITY-ST-ZIP	Riverview, FL 33569-7026	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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

Date

Daytime Phone #

CR2E034 (9/01)



Department of the Treasury
Internal Revenue Service
ATLANTA GA 39901

Date of this notice:
Taxpayer Identifying Number
Form: **2363**

AUG. 13, 2001
59-3707512
Tax Period:

For assistance you may call us at:

1-800-829-1040

Or you may write to us at the address shown at the left. If you write, be sure to attach the bottom part of this notice.

WE-HAUL INC
214 MORNING SIDE LOOP
VALRICO FL 33594-3634195

FIN ASSIGNED IN ERROR

OUR RECORDS INDICATE WE HAVE INCORRECTLY ASSIGNED MORE THAN ONE EMPLOYER IDENTIFICATION NUMBER TO YOU; THE NUMBER SHOWN ABOVE IS YOUR CORRECT ONE. THE FOLLOWING NUMBER HAS BEEN INCORRECTLY ASSIGNED:

59-3629324

WE WILL TRANSFER ANY PAYMENTS OR RETURNS TO YOUR ACCOUNT UNDER THE CORRECT EMPLOYER IDENTIFICATION NUMBER.

PLEASE USE THE CORRECT NUMBER AND ACCOUNT NAME, EXACTLY AS SHOWN ABOVE, ON BUSINESS TAX RETURNS, PAYMENTS, PAYMENTS MADE ELECTRONICALLY, AND RELATED CORRESPONDENCE.

PLEASE DESTROY ANY FEDERAL TAX DEPOSIT COUPON BOOKS THAT SHOW THE INCORRECT EMPLOYER IDENTIFICATION NUMBER.

IF YOU DEPOSIT ELECTRONICALLY, PLEASE VERIFY THAT YOUR EIN IS CORRECT BEFORE MAKING YOUR DEPOSIT WITH THE FINANCIAL INSTITUTION DESIGNATED TO PROCESS YOUR ELECTRONIC FUNDS TRANSFER (EFT)-TAX-PAYMENTS.

WE APOLOGIZE FOR ANY INCONVENIENCE WE MAY HAVE CAUSED YOU, AND THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on telephone calls.

Overlay 5 Form 8489 (Rev.8-91)

Keep this part for your records

Return this part to us with your check or inquiry

Your telephone number:

Best time to call