

2002

~~2001~~ **UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2002 8:00 am**
Secretary of State

05-01-2002 91611 045 ***150.00

DOCUMENT #

P00000002

1. Entity Name

READ'S MOVING SYSTEMS OF MELBOURNE FLORIDA, INC.

Principal Place of Business

**4301 WOODLAND PARK DRIVE
WEST MELBOURNE FL 32904**

Mailing Address

**4301 WOODLAND PARK DRIVE
WEST MELBOURNE FL 32904**

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

59-3629626

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DANIELS, DOUGLAS A
523 NORTH HALIFAX AVENUE
DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANIELS, DOUGLAS A	
STREET ADDRESS	523 NORTH HALIFAX AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	

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		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin Sturm	
STREET ADDRESS	8263 Ashworth Ct.	
CITY-ST-ZIP	Hockessinville Fla 32256	

TITLE	Gen. Treas + Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert A. Cox	
STREET ADDRESS	785 Orchid Rd	
CITY-ST-ZIP	Worminster, Pa. 18974	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Daley	
STREET ADDRESS	319 Manor Rd.	
CITY-ST-ZIP	Hatboro Pa. 19040	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Mulligan	
STREET ADDRESS	100 Girard Ave	
CITY-ST-ZIP	Hatboro Pa 19040	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Goss	
STREET ADDRESS	2708 Taff Ave	
CITY-ST-ZIP	Glenside Pa 19038	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl Morrish	
STREET ADDRESS	1141 Eastwood Lane	
CITY-ST-ZIP	West Chester Pa 19380	

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

Robert A. Cox

Date

Daytime Phone #

4/17/02

2/5/2001 215.443.277