2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000022890 **DOCUMENT #**

LAKE PLACID MOVING & STORAGE, INC.



FILED May 01, 2003 8:00 am \$ Secretary of State 05-01-2003 90990 050 ***150.00

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Principal Plac		s		g Address			7				
1162 US 27 NORTH Lake Placid FL 33852			1162 US 27 NORTH LAKE PLACID FL 33852								
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2. Principal Place of Business			3. Mailing Address					I INESTONS IN MAIN ENTIL MENT PARTIE		י שוופו ושמוו שו	ופעו ווסס וווס
			274								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. 1	4. FEI Number 65-0986534 Applied For			
								Not Applicable			
Zip Country			Zip Coun			ту	5. Certificate of Status Desired See Required Fee Required				
	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
or realizable of carron regions regard						Name					
MCDONALD, GENE			Street Address			· (PO B	(P.O. Box Number is Not Acceptable)				
1162 US 2	27 NORTH		Street Address								
LAKE PLA	CID FL 338	52									}
1					-	City	FL Zip			Zip Code	e
8 The above	named entity	v cultimite this statement for	or the purp	soee of changing its	rogistero	d office or regie	tored an	ent, or both, in the State of Florida		miliar with	and accont
	tions of regist		or the perp	logo or onlying its	registore	a onles or regis	itorea ag	perit, or both, in the orate of horizon	i. I dillia	rrinieti valeri,	and aboupt
CICNIATURE											
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTI	E: Registered	Agent signature requ	ired when re	einstating)	DATE		
F	ILE NOW!!	! FEE IS \$150.00				<u>, </u>		0.51			
After May 1, 2003=Fee will be \$550.00								 Election Campaign Finance Trust Fund Contribution. 	ing 🔲		O May Be I to Fees
<u> </u>	Payable to			<u> </u>							
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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 607. 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: