## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 17, 2001 8:00 am Secretary of State P00000034533 DOCUMENT # 1. Entity Name 05-17-2001 91341 015 \*\*\*150.00 STARS & STRIPES MOVING AND DELIVERY SERVICE OF NAPLES. INC. Principal Place of Business Mailing Address 469 ORCHARD LANE, #5 469 ORCHARD LANE, #5 NAPLES, FL 34112 NAPLES, FL 34112 00054286 2. Principal Place of Business 3. Mailing Address 3612 SEAGRAPE AVENUE 3612 SEAGRAPE AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For NAPLES, FL NAPLES, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34104 34104 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARDSON, CLINT J. Street Address (P.O. Box Number is Not Acceptable) 3612 SEAGRAPE AVENUE NAPLES, FL 34104 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 DP CR2E034 (11/00) X Change TITLE Delete TITI F ☐ Addition RICHARDSON, CLINT J. NAME NAME RICHARDSON, CLINT J. 469 ORCHARD LANE, #5 STREET ADDRESS STREET ADDRESS 3612 SEAGRAPE AVENUE CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34112 NAPLES FL 34104 Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

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

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLINT J. RICHARDSON 4-24-01