

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

09-19-2002 90151 008 \*\*\*150.00

**DOCUMENT # P00000063380**

1. Entity Name  
**ALLSAFE MOVING SERVICES, INC.**

Principal Place of Business

6376 GREENLAND RD. #7  
 JACKSONVILLE FL 32258

Mailing Address

6376 GREENLAND RD. #7  
 JACKSONVILLE FL 32258



2. Principal Place of Business

**3466 Remier Dr. S.**  
 Suite, Apt. #, etc.

3. Mailing Address

**3466 Remier Dr. S.**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Jax. FL.**

City & State  
**Jax. FL.**

4. FEI Number **59-3657317**

Applied For  
 Not Applicable

Zip **32223** Country

Zip **32223** Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERCER, LISA L**  
**6376 GREENLAND RD, #7**  
**JACKSONVILLE FL 32258**

Name **LISA L Mercer**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3466 Remier Drive**  
 City **Jax** FL Zip Code **32223**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D <input type="checkbox"/> Delete	MERCER, LISA L	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	3466 REMIER DR S.		
	JACKSONVILLE FL 32223		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LISA L MERCER** **9/10/02** **904-724-2006**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment  
**ALLSAFE**  
**MOVING SERVICES, INC.**

# P00000063380  
125793

September 10, 2002

To Whom it May Concern:

As the Officer of Allsafe Moving Services, I would like to have the late fees waived as I did not receive prior notice, possibly due to the move of my office. I would be grateful for the one time waiver.

Thank You,



Lisa Mercer

Owner

MOVING SERVICES, INC.