

# 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

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

7. Name and Address of New Registered Agent

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

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 \$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

TITLE **D** ☐ Delete  
 NAME **MERCER, LISA L**  
 STREET ADDRESS **3466 REMIER DR S.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**ALLSAFE MOVING SERVICES, INC.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02 904-724-2006  
 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.