

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**  
 05-31-2001 90006 021 \*\*\*550.00

0025098

**DOCUMENT # P00000106246**

1. Entity Name

**BEKINS MOVING SYSTEMS OF DAYTONA BEACH, INC.**

Principal Place of Business

Mailing Address

**526 E. PARK AVE.  
TALLAHASSEE FL 32301**

**526 E. PARK AVE.  
TALLAHASSEE FL 32301**

**00057244**

2. Principal Place of Business

**2430 South Nova Rd**

3. Mailing Address

**7780-5 Westside Industrial Dr.**

Suite, Apt. # etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**South Daytona, FL**

City & State

**Jacksonville, FL**

Zip  
**32119**

Country

Zip

**32219**

Country

4. FEI Number

**36-4412611**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name: **Eric Leach, Esq**  
 Street Address (P.O. Box Number is Not Acceptable)  
**815 S. Main Street**  
**Ste # 200**  
 City: **Jacksonville** FL Zip Code: **32207**

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.

(NOT Registered Agent signature required when reinstating)

DATE

*[Signature]*

**5-17-01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>WEISS, MICHAEL</b>	
STREET ADDRESS	<b>7780-5 WESTSIDE INDUSTRIAL DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32211</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowers.

SIGNATURE:

*[Signature]*

**Michael S. Weiss**

**5-17-01**

**904-721-1122**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

Date

Daytime Phone #

CR2E034 (10/00)