

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 09, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90004 009 \*\*\*550.00

0081482 AV

**DOCUMENT # P00000107474**

1. Entity Name

**HERE TO THERE MOVERS, INC.**

Principal Place of Business

**15223 COLLECTING CANAL ROAD  
 LOXAHATCHEE FL 33470**

Mailing Address

**15223 COLLECTING CANAL ROAD  
 LOXAHATCHEE FL 33470**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**15223 Collecting Canal Rd**  
 Suite, Apt. #, etc.

3. Mailing Address

**15223 Collecting Canal Rd**  
 Suite, Apt. #, etc.

City & State

**Loxahatchee FL**  
 Zip: **33470** Country: **USA**

City & State

**Loxahatchee FL**  
 Zip: **33470** Country: **USA**

4. FEI Number

**X-65-1056309**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 state 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 12, 2001 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: **PSTD**  
 NAME: **CODY, DANIEL** ☐ Delete  
 STREET ADDRESS: **15223 COLLECTING CANAL ROAD**  
 CITY-ST-ZIP: **LOXAHATCHEE FL 33470**

TITLE: **VSP** ☐ Delete  
 NAME: **BRIAN Skinner**  
 STREET ADDRESS: **20 West Palmetto Rd**  
 CITY-ST-ZIP: **Lake Worth FL 33461**

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

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 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-18-01**

Date

**561-601-9514**

Daytime Phone

CR2E034 (5/01)