

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-02-2001 90026 018 ***150.00
 06-02-2001 90010 026 ***550.00

DOCUMENT # P00000109625

1. Entity Name:

BEKINS MOVING SYSTEMS OF FT.MYERS, INC.

Principal Place of Business

**526 EAST PARK AVE.
 TALLAHASSEE, FL 32301**

Mailing Address

**526 EAST PARK AVE.
 TALLAHASSEE, FL 32301**

2. Principal Place of Business

1950 Amedicus Lane

Suite, Apt. #, etc.

3. Mailing Address

7780-5 Westside Industrial Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Myers, FL

City & State

Jacksonville, FL

4. FEI Number

36-4412612

Applied For

Not Applicable

Zip

Country

33907

Zip

Country

32219

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC
 526 EAST PARK AVENUE
 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]

S-17-01

(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 \$150.00
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 ☐ Delete
 NAME **P**
 STREET ADDRESS **MICHAEL WEISS**
 CITY-ST-ZIP **7780-5 WESTSIDE INDUSTRIAL DR.
 JACKSONVILLE, FL 32219**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 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
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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 no 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] **Michael S. Weiss**
 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
President

S-17-01

Date

904-721-1122

Daytime Phone #

CR2E034 (11/00)