

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117735

1. Entity Name

JUST JAY O'GORMAN VAN LINES, INC.

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90014 025 ***150.00

Principal Place of Business

Mailing Address

618 NE 20TH ST
WILTON MANORS FL 33305

618 NE 20TH ST
WILTON MANORS FL 33305

2. Principal Place of Business

371 NE BRASHER CT.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Port St. Lucie Florida

City & State

Zip

Country

34983-1740 St. Lucie

4. FEI Number

65-1073862

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PASTOR, ANDREW E
11380 PROSPERITY FARMS RD STE 101
PALM BCH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name Stephen W. Gilbertson, CPA

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

2200 NR 26 Street

City

Wilton Manors.

FL

Zip Code

33305

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

Stephen W. Gilbertson, CPA Stephen W. Gilbertson

3/8/01

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 DPS ☐ Delete
NAME NOVICK, CAROL
STREET ADDRESS 618 NE 20TH ST
CITY-ST-ZIP WILTON MANORS FL 33305

TITLE DV ☐ Delete
NAME GORMAN, JAY O
STREET ADDRESS 520 NE 25TH ST
CITY-ST-ZIP WILTON MANORS FL 33305

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 DPST ☒ Change ☐ Addition
NAME NOVICK, CAROL
STREET ADDRESS 371 NE BRASHER CT.
CITY-ST-ZIP PORT ST LUCIE FL 34983-1740

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

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

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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:

CAROL NOVICK Carol Novick 4/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-566-5864

CR2E034 (10/00)