# FILED
# Mar 25, 2002 8:00 am
# Secretary of State

03-25-2002 90102 018 ***150.00

## FOR PROFIT CORPORATION
## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000003350

1. Entity Name
ALL PRO MOVERS, INC.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5897 SW 21ST. STREET | 5897 SW 21ST. STREET |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: HOLLYWOOD, FL | City & State: HOLLYWOOD, FL |
| Zip: 33023 Country: BROWARD | Zip: 33023 Country: BROWARD |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1068683 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: NATHAN BOWLES

Street Address (P.O. Box Number is Not Acceptable): 7813 alhambra blvd.

City: MIRAMAR FL Zip Code: 33023

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: Nathan Bowles nathan bowles 3/5/02
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) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1 Fee is $550.00**
**Amended UBR is $61.25**
**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: PRESIDENT, TREASURY<br>NAME: NATHAN BOWLES<br>STREET ADDRESS: 7813 alhambra blvd.<br>CITY-ST-ZIP: ~~MIRAMAR, FL 33023~~ | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE: VICE PRESIDENT, SECRETARY<br>NAME: ELIJAH BOWLESIII<br>STREET ADDRESS: 9630 MILLPOND DRIVE<br>CITY-ST-ZIP: MIRAMAR, FL 33023 | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: **DO NOT WRITE IN THIS SPACE** |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: |

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Nathan Bowles Nathan Bowles 3/5/02 954-983-0425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #