**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: >

## Apr 09, 2002 8:00 am Secretary of State **DOCUMENT #** P01000027062 03-06-2002 90013 043 \*\*\*150.00 1. Entity Name HERR'S MOVING, INC. Principal Place of Business Mailing Address 1168 CITRUS AVENUE NE 1168 CITRUS AVENUE NE PALM BAY FL 32905 PALM BAY FL 32905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FELNumber 19-370.582 6 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALRON ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 390 NARRAGANSETT STREET NE 168 CITRUS AVENUE PALM BAY FL 32907 3.28.02 8. The above named entity submits that statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE X sature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Tile ☐ Delete TITLE Change CR2E034 (9/01) NAME HERR, BRIAN L NAME STREET ADDRESS 1168 CITRUS AVENUE NE STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32905 CITY-ST-ZIP ☐ Change Addition ☐ Delete 1ID F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-71P CITY-ST-ZIP TITLE \_ \_ Delete TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-2% TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the 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 and the corporation of the receiver of the receiver or trustee and the corporation of the receiver of the receiver