03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

03 MAY 27 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029555

1. Entity Name

ABSOLUTE MOVING + STORAGE INC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2951 NW 27th STREET	2951 NW 27th STREET
Suite, Apt. #, etc. BLDG #12	Suite, Apt. #, etc. BLDG #12
City & State LAUDERDALE LAKES FL	City & State LAUDERDALE LAKES FL
Zip 33311 Country USA	Zip 33311 Country USA

4. FEI Number 65-1090268 ☐ 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: SHUKIE SAMANA

Street Address (P.O. Box Number is Not Acceptable): 2951 NW 27th STREET BLDG #12

City: LAUDERDALE LAKES FL Zip Code: 33311

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] 5/23/03

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 NAME SHUKIE SAMANA STREET ADDRESS 2951 NW 27th ST BLDG #12 CITY-ST-ZIP LAUDERDALE LAKES FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 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: [signature] 5/23/03 (954) 717-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gp 5/29