

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90375 029 ***150.00

DOCUMENT # P01000035297

1. Entity Name

AAABLE MOVING & STORAGE INC.

Principal Place of Business

**4584 24TH PLACE SOUTH
 WEST PALM BEACH FL 33415**

Mailing Address

**4584 24TH PLACE SOUTH
 WEST PALM BEACH FL 33415**

2. Principal Place of Business

931 West 15th Street

3. Mailing Address

P.O. Box 17911

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riviera Beach, FL

City & State

West Palm Beach, FL

Zip

33404

Country

USA

Zip

33416

Country

USA

4. FEI Number

04-3592847

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POJE, GLADYS

**4584 24TH PLACE SOUTH
 WEST PALM BEACH FL 33415**

7. Name and Address of New Registered Agent

Name

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

2891 Alice Drive

City **Palm Springs**

FL

Zip Code **33461**

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

Gladys Poje
 Gladys Poje

4/22/02

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, 2002 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 **D** ☐ Delete
 NAME **POJE, GLADYS**
 STREET ADDRESS **4584 24TH PLACE SOUTH**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 **D/P** ☒ Change ☐ Addition
 NAME **Poje, Gladys**
 STREET ADDRESS **2891 Alice Drive**
 CITY-ST-ZIP **Palm Springs, FL 33461**

TITLE ☐ Change ☒ Addition
 NAME **VP/Sec Julie Denker**
 STREET ADDRESS **2891 Alice Drive**
 CITY-ST-ZIP **Palm Springs, FL 33461**

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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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:

Gladys Poje
 Gladys Poje, President

4/22/02

561-963-8610

Date

Daytime Phone #

CR2E034 (9/01)