

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90222 005 ***150.00

0391733 AV

DOCUMENT # P01000035297

1. Entity Name
AAABLE MOVING & STORAGE INC.



Principal Place of Business
**931 WEST 15TH ST.
RIVIERA BEACH FL 33404**

Mailing Address
**P.O. BOX 17911
WEST PALM BEACH FL 33416**

11010050



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Zip

Country

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
~~2691 ALICE DR.~~
~~PALM SPRING FL 33461~~

16030 East Alan Black Blvd
Loxahatchee, FL 33470

7. Name and Address of New Registered Agent

Name

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

16030 East Alan Black Blvd

City **Loxahatchee** **FL** Zip Code **33470**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gladys Poje - Pres* DATE 4/17/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------------------------|
| TITLE | <input checked="" type="checkbox"/> Delete |
| NAME | POJE, GLADYS |
| STREET ADDRESS | 2691 ALICE DR. |
| CITY-ST-ZIP | PALM SPRINGS FL 33461 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | VPO DENKER, JULIE |
| STREET ADDRESS | 2691 ALICE DR. |
| CITY-ST-ZIP | PALM SPRINGS FL 33461 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|------------------------------------------------------------------------------|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Pres/Secretary |
| STREET ADDRESS | 16030 East Alan Black Blvd |
| CITY-ST-ZIP | Loxahatchee, FL 33470 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Vice Pres/Treasurer |
| STREET ADDRESS | 16030 East Alan Black Blvd |
| CITY-ST-ZIP | Loxahatchee, FL 33470 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gladys Poje - Pres.* DATE 4/17/03 561-963-8610

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gladys Leah Poje President

Daytime Phone #

CR2E034 (10/02)