

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

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

0391733 AV

04-25-2003 90222 005 ***150.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **04-3592847**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POJE, GLADYS
~~2691 ALICE DR.
PALM SPRING FL 33461~~**

**16030 East Alan Black Blvd
Loxahatchee, FL 33470**

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*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **POJE, GLADYS**
STREET ADDRESS **~~2691 ALICE DR.~~**
CITY-ST-ZIP **~~PALM SPRINGS FL 33461~~**

TITLE Change Addition
NAME **Pres/Secretary**
STREET ADDRESS **16030 East Alan Black Blvd**
CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE Delete
NAME **~~VPO DENKER, JULIE~~**
STREET ADDRESS **~~2691 ALICE DR.~~**
CITY-ST-ZIP **~~PALM SPRINGS FL 33461~~**

TITLE Change Addition
NAME **Vice Pres/Treasurer**
STREET ADDRESS **16030 East Alan Black Blvd**
CITY-ST-ZIP **Loxahatchee, FL 33470**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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Change Addition
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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
SIGNATURE

4/17/03 561-963-8610

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

President

Date

Daytime Phone #

CR2E034 (10/02)