

**2003  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90386 014 \*\*\*150.00

DOCUMENT # **PD1000047067**

1. Entity Name

**U-MOVE- ME, INC.**



Principal Place of Business

**P.O. Box 591**

**PALM BEACH, FL 33480**

Mailing Address

**P.O. Box 591**

**PALM BEACH, FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1108791**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MINTMIRE, DONALD F ESQ.**  
**265 SUNRISE AVE.**  
**SUITE 204**  
**PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name

**FLYNN, THOMAS V.**

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

**265 SUNRISE AVE., Ste. 204**

City

**PALM BEACH**

**FL**

Zip Code

**33480**

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

*Thomas V. Flynn*

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

(NOTE: Registered Agent signature required when re-stating)

*4/30/01*

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT**  
**Kelley-Flynn, Kimberly**  
**265 SUNRISE AVE., Ste 204**  
**PALM BEACH, FL 33480**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD**  
**FLYNN, THOMAS**  
**P.O. Box 591**  
**PALM BEACH, FL 33480**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Thomas V. Flynn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4/30/01*

Date

Daytime Phone #