

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

0140874 AT

DOCUMENT # P01000051149

1. Entity Name
A&D COAST TO COAST RELOCATION SERVICES, INC



08-06-2003 90058 036 ***150.00

Principal Place of Business
**11943 N. WILLIAMS STREET
SUITE #D
DUNNELLON FL 34432**

Mailing Address
**11943 N. WILLIAMS STREET
SUITE #D
DUNNELLON FL 34432**



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 **59-3722056**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, ALLEN
11943 N. WILLIAMS STREET
SUITE #D
DUNNELLON FL 34432**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00.

After September 10, 2003 Fee will be \$750.00

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
NAME **D SMITH, ALLEN** ☐ Delete
STREET ADDRESS **11943 N. WILLIAMS STREET, SUITE #D**
CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D SMITH, DONNA** ☐ Delete
STREET ADDRESS **11943 N. WILLIAMS STREET, SUITE #D**
CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/03

352-489-6972

Date Daytime Phone #

CR2E034 (4/03)



Attachment# 80136465
PO1000031149

A & D COAST TO COAST

RELOCATION SERVICES, INC.

Local • Within State • Long Distance
"We Treat Your Possession's Like Our Own"

July 30, 2003

**Division Of Corporations
Uniform Business Report
P.O. Box 15000
Tallahassee, FL 32302-1500**

RE: Late Receipt of UBR for FEI # 59-3722056

To Whom It May Concern:

We would like to notify this office that we did not receive the filing report in time for the May payment required. As soon as we did receive it, we submitted it to our accounting office and were told to notify you about the late receipt of the form.

We are going on the website to submit application for the electronic notifications. Hope that will solve any problems for the future

Any questions please call us at our business phone number on file

Thank you,

Allen Smith