

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90178 045 ***158.75

DOCUMENT # P01000078200

1. Entity Name

CENTRAL FLORIDA MOVING, INC.

Principal Place of Business

**436 SHEARER BLVD.
 COCOA FL 32922**

Mailing Address

**436 SHEARER BLVD.
 COCOA FL 32922**

2. Principal Place of Business

100 EYSTER BLVD.

3. Mailing Address

1164 LUTHER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ROCKLEDGE, FLORIDA

City & State
ROCKLEDGE, FLORIDA

4. FEI Number

59-3740660

Applied For

Not Applicable

Zip
32955

Country

BREVARD

Zip
32955

Country

BREVARD

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KOSTRO, VICTOR S
 1825 RIVERVIEW DR.
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 **TURCOTTE, DENNIS R**
 STREET ADDRESS **1164 LUTHER DR.**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **D** ☐ Delete
 NAME **TURCOTTE, CHARLA L**
 STREET ADDRESS **1164 LUTHER DR.**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 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:

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

4/24/02 321-504-7383
 Date Daytime Phone #

CR2E034 (9/01)