

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90311 040 ***158.75

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DOCUMENT # P01000078200

1. Entity Name
CENTRAL FLORIDA MOVING, INC.



Principal Place of Business
100 EYSTER BLVD
ROCKLEDGE FL 32955

Mailing Address
1164 LUTHER DR
ROCKLEDGE FL 32955



2. Principal Place of Business
5485 SCHENCK AVE.
Suite, Apt. #, etc.

3. Mailing Address
1164 LUTHER DR
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ROCKLEDGE, FLORIDA
Zip
32955
Country
USA

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ROCKLEDGE, FLORIDA
Zip
32955
Country
USA

4. FEI Number
59-3740660

Applied For
☐ Not Applicable

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
DENNIS R. TURCOTTE
Street Address (P.O. Box Number is Not Acceptable)
1164 LUTHER DR.
City
ROCKLEDGE, FL. 32955 FL 32955

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 *Dennis R. Turcotte* (President)

4-28-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D TURCOTTE, DENNIS R 1164 LUTHER DR. ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURCOTTE, CHARLA L 1164 LUTHER DR. ROCKLEDGE FL 32955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dennis R. Turcotte*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 (321) 504-7383
Daytime Phone #

CR2E034 (10/02)