FILED
Jul 15, 2002 8:00 am
Secretary of State
06-16-2002 90692 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000078861

1. Entity Name
Family Moving & Storage Inc

DO NOT WRITE IN THIS SPACE

97266

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2. Principal Place of Business	3. Mailing Address
C/O 1201 BRICKELL AVE	SAME
Suite, Apt. #, etc. SUITE 610	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33131 Country USA	Zip Country

4. FEI Number 01-0705544 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name Stanley I Foodman
Street Address (P.O. Box Number is Not Acceptable) 1201 Brickell Avenue
Suite 610
City Miami FL Zip Code 33131

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President/Treasurer/Director	TITLE	
NAME	Jan L. Costa	NAME	
STREET ADDRESS	1109 Choctaw	STREET ADDRESS	
CITY-ST-ZIP	Jupiter, FL 33458	CITY-ST-ZIP	
TITLE	Vice President/Director	TITLE	
NAME	Patrick J. Gilday	NAME	
STREET ADDRESS	3372 NW 47 Court	STREET ADDRESS	
CITY-ST-ZIP	Ocala, FL 34482	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JAN L. COSTA 6/11/02 786-295-0642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #