

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90081 026 ***150.00

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DOCUMENT # P01000103004

1. Entity Name
AMERICAN MOVING INNOVATIONS, INC.



Principal Place of Business
**5894 115TH AVE N
PINELLAS PARK FL 33782**

Mailing Address
**5894 115TH AVE N
PINELLAS PARK FL 33782**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3751148**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERTS, BRIAN
5894 115TH AVE N
PINELLAS PARK FL 33782**

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. 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

TITLE **D** ☐ Delete
NAME **ROBERTS, BRIAN**
STREET ADDRESS **5894 115TH AVE N**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **D** ☐ Delete
NAME **ROBERTS, AMY**
STREET ADDRESS **5894 115TH AVE N**
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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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

9-9-03

Date

727 424-2321

Daytime Phone #

CR2E034 (4/03)

A Heehms
90155805

P01000103001

TO WHOM IT MAY CONCERN,

WE DID NOT RECEIVE ANY PRIOR
NOTICE TO THIS ONE THAT I AM
AWARE OF. WE DID RELOCATE LAST
YEAR IN THE SUMMER AS THIS
MIGHT HAVE HAD SOME IMPACT.

PLEASE ACCEPT THIS LETTER
WITH OUR APOLOGIES.

THANK YOU!

Brian [Signature]