

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90130 035 \*\*\*150.00

**DOCUMENT # P01000103089**

1. Entity Name  
**ECONOMOVERS, INC.**

Principal Place of Business  
**7440 FOUNDERS WAY**  
**PONTE VEDRA BEACH FL 32082**

Mailing Address  
**7440 FOUNDERS WAY**  
**PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business  
**5334 CENTRAL FLORIDA PKWY**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5334 CENTRAL FLORIDA PKWY**  
 Suite, Apt. #, etc.

City & State  
**ORLANDO FL.**

City & State  
**ORLANDO FL**

4. FEI Number  
**30-0024164**

Applied For  
 Not Applicable

Zip  
**32821** Country  
**USA**

Zip  
**32821** Country  
**USA**

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

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**WATSON, TODD ESQ.**  
**7785 BAYMEADOWS WAY, SUITE 107**  
**JACKSONVILLE FL 32256**

**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 \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHELLER, SANDFORD G</b> <b>7440 FOUNDERS WAY</b> <b>PONTE VEDRA BEACH FL 32082</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHELLER, MARJORY M</b> <b>7440 FOUNDERS WAY</b> <b>PONTE VEDRA BEACH FL 32082</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHELLER, ERIC B</b> <b>4834 LARK DRIVE</b> <b>ST. CLOUD FL 34772</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

**ECONOMOVERS**  
UNITIZED MOVING SYSTEMS

Doc. # P01000103089  
974925

5334 Central Florida Pkwy., Orlando, FL 32821  
407 465-0101 fax 404 238-0404

August 13, 2002

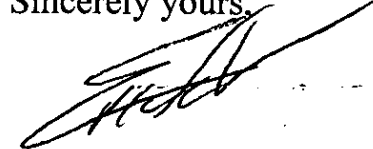
Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: 2002 Uniform Business Report, Document# P01000103089

Dear Sir or Madam:

EconoMovers is a new corporation and was not in receipt of a prior Uniform Business Report. I am enclosing a check for the original filing fee of \$150.00. Please excuse our late filing fee of \$400.00

Sincerely yours,



Eric Scheller  
President