

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90223 038 ***150.00

DOCUMENT # P02000006230

1. Entity Name
ENTERPRISE MOVING & STORAGE, INC.



Principal Place of Business
5820 S.W. 25TH STREET
HOLLYWOOD FL 33023

Mailing Address
5820 S.W. 25TH STREET
HOLLYWOOD FL 33023

2. Principal Place of Business
5830 S.W. 25 STREET

3. Mailing Address
5830 S.W. 25 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
HOLLYWOOD FLORIDA

City & State
HOLLYWOOD FLORIDA

4. FEI Number
80-0030747

Applied For
Not Applicable

Zip
33023

Country
USA

33023

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERNSTEIN, MARK
5001 S. UNIVERSITY DRIVE
SUITE #A
DAVE FL 33328

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 \$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

TITLE **D** ☐ Delete
NAME **MCCARRON, CHARLES**
STREET ADDRESS **5820 S.W. 25TH STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **D** ☐ Delete
NAME **MCCARRON, DONNA**
STREET ADDRESS **5820 S.W. 25TH STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **MCCARRON, CHARLES**
STREET ADDRESS **5830 S.W. 25 STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE **D** ☒ Change ☐ Addition
NAME **MCCARRON, DONNA**
STREET ADDRESS **5830 S.W. 25 STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Donna McCarron
DONNA MCCARRON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03 (954)965-9882

Date

Daytime Phone #

CR2E034 (10/02)