

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-02-2003 90054 032 ***150.00

DOCUMENT # P02000013154

1. Entity Name

BOCA DELRAY MOVING AND STORAGE INC



Principal Place of Business
1121 NORTH OCEAN BLVD
POMPANO BEACH FL 33062

Mailing Address
PO BOX 1748
POMPANO BEACH FL 33061

2. Principal Place of Business

3204 SE 10ST

3. Mailing Address

P.O. Box 1748

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH FLA

City & State

POMPANO BEACH FLA

Zip

33061

Country

BROWARD

Zip

33061

Country

BROWARD

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, ROBERT B
1121 NORTH OCEAN BLVD
POMPANO BEACH FL 33062

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 registering)

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 P ☐ Delete
NAME THOMPSON, ROBERT B
STREET ADDRESS PO BOX 1748
CITY-ST-ZIP POMPANO BEACH FL 33061

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

TITLE V ☒ Delete
NAME LESLIE LYNN, NEWTON
STREET ADDRESS PO BOX 1748
CITY-ST-ZIP POMPANO BEACH FL 33061

TITLE ☒ Change ☐ Addition
NAME LESLIE LYNN NEWTON
STREET ADDRESS PO BOX 1748
CITY-ST-ZIP POMPANO BEACH FL 33061

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)