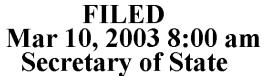
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # P02000018439 1. Entity Name AUTO MOVE IT, INC.				Secretary of State 03-10-2003 90161 012 ***150.00
Principal Place of Business 1852 MICHELLE LANE LAKELAND FL 33813 Mailing Address 1852 MICHELLE LANE LAKELAND FL 33813				
		3. Mailing Address 2400 Thor Suite, Apt. #, etc.	nhill Road	CHECK HERE IF MAKING CHANGES
	urndale, FL	City & State Auburndale	FL	4. FEI Number Applied For Not Applicable
Zip 3389	Country USA	Zip 33823	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent
RITCHIE, LINDA G			inda G. Ritchie	
1852-MICHELLE-LANE			2 400	(P.O. Box Number is Not Acceptable)
LAKELAND FL 33813				i control control
City Du hun			undale FL Zip Code 33823	
8. The above named entity symmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accent				
the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature re				3/6/03
**		d title if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DAFE
• 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 \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND D	IRECTORS	11.	: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PS DONALD A	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS	RITCHIE, DONALD A 1852 MICHELLE LANE		NAME	}
CITY-ST-ZIP	LAKELAND FL 33813		STREET ADDRESS CITY-ST-ZIP	<u> </u>
TITLE	VT	□ Delete	TITLE	☐ Change ☐ Addition
NAME	RITCHIE, LINDA G		NAME	Change Change
STREET ADDRESS	1852 MICHELLE LANE		STREET ADDRESS	1
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP	
NAME		Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	1
TITLE		☐ Delete	CITY-ST-ZIP	·
HILL	1	ι Ι Ιλοίατα	■ 1161 F	Change Addition

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

863-607-9900

Change

☐ Addition