

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000128251

1. Entity Name
USED MOVING BOXES, INC.



Principal Place of Business
**1201 SOUTH OCEAN DRIVE
APT. 1910 SOUTH
HOLLYWOOD, FL 33019**

Mailing Address
**1201 SOUTH OCEAN DRIVE
APT. 1910 SOUTH
HOLLYWOOD, FL 33019**



02122005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0386656

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KELLY, MORGAN J
1201 SOUTH OCEAN DRIVE
APT. 1910 SOUTH
HOLLYWOOD, FL 33019**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KELLY, MORGAN J
STREET ADDRESS	1201 SOUTH OCEAN DRIVE APT. 1910 SOUTH
CITY-ST-ZIP	HOLLYWOOD, FL 33019

TITLE	T
NAME	KELLY, GARY M
STREET ADDRESS	1201 SOUTH OCEAN DRIVE APT. 1910 SOUTH
CITY-ST-ZIP	HOLLYWOOD, FL 33019

TITLE	S
NAME	KELLY, THERESA K
STREET ADDRESS	1201 SOUTH OCEAN DRIVE APT. 1910 SOUTH
CITY-ST-ZIP	HOLLYWOOD, FL 33019

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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03/10/05-80031-001 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Mar 07, 2005

Daytime Phone #