

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18949

1. Entity Name

WEE HAUL OF ORLANDO, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90100 037 ***150.00

Principal Place of Business

1030 SUNSHINE LANE
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

~~380 S. G.R. 434 SUITE 1004-266~~
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

1030 Sunshine Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Altamonte Springs, FL

Zip

Country

Zip

Country

32714

USA

4. FEI Number

75-2217308

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, LUKE
~~1030 BUNNELL RD.~~
ALTAMONTE SPRINGS FL 32714

*= Should be as above
principal place of
Business*

Name

Street Address (P.O. Box Number is Not Acceptable)

1030 Sunshine Lane

City

Altamonte Springs

FL

Zip Code
32714

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Robin Smith Luke Smith
1-5-00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SMITH, LUKE M.
1030 SUNSHINE LANE
ALTAMONTE SPRINGS FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
SMITH, ROBIN
1030 SUNSHINE LANE
ALTAMONTE SPRINGS FL ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
D
SMITH, ROBIN
1030 SUNSHINE LANE
ALTAMONTE SPRINGS FL ☐ Delete

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

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

1-6-00 407-774-9999

CR2E034 19/99