

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90081 011 ***150.00

DOCUMENT # P23390

1. Entity Name

AZTEC MOVING COMPANY

Principal Place of Business

PO BOX 25105
 OKLAHOMA CITY OK 73125

Mailing Address

PO BOX 25105
 OKLAHOMA CITY OK 73125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **73-0799448**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MOSS, MARVIN I, P A
1090 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	P DOONKEEN	<input type="checkbox"/> Delete
NAME	DOONKEEN, ROSALINDA	
STREET ADDRESS	530 SW 7TH	
CITY-ST-ZIP	OKLAHOMA CITY OK 73109	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ENGLAND, ANGELA	
STREET ADDRESS	530 S.W. 7TH	
CITY-ST-ZIP	OKLAHOMA CITY OK 73109	
TITLE	DOONKEEN, GARY	<input checked="" type="checkbox"/> Delete
NAME	DOONKEEN, GARY	
STREET ADDRESS	530 S.W. 7TH	
CITY-ST-ZIP	OKLAHOMA CITY OK	
TITLE	JAUNITA JO LYDE	<input type="checkbox"/> Delete
NAME	JAUNITA JO LYDE	
STREET ADDRESS	530- S.W. 7TH ST	
CITY-ST-ZIP	OKLA CITY, OK 73109	
TITLE	SEC/TRE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DOONKEEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOONKEEN	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JAUNITA JO LYDE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAUNITA JO LYDE	
STREET ADDRESS	530- S.W. 7TH ST	
CITY-ST-ZIP	OKLA CITY, OK 73109	
TITLE	SEC/TREASURER	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

CR2E034 (10/00)