

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90042 008 ***150.00

0610855 AT

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

PO Box 2319

3. Mailing Address

PO Box 2319

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oklahoma City, OK

City & State

Oklahoma City, OK

Zip Country

73101 USA

Zip Country

73101 USA

6. Name and Address of Current Registered Agent

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

4. FEI Number

73-0799448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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, 2002 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **DONKEEN, ROSALINDA**
 CITY-ST-ZIP **530 SW 7TH
 OKLAHOMA CITY OK 73109**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **LYDE JO, JAUNITA**
 CITY-ST-ZIP **530- S.W. 7TH ST
 OKLAHOMA CITY OK 73109**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **Lyde, Juanita JO**
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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:

Rosalinda Donkeen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 405/222-2286
 Date Daytime Phone #

CR2E034 (9/01)