

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90205 015 ***150.00

0609670 AV

DOCUMENT # P93000039688

1. Entity Name

MCAFEЕ MOVING & STORAGE, INC.



Principal Place of Business

941 N. RIDGEWOOD DR.

SEBRING FL 33870

US

Mailing Address

941 N. RIDGEWOOD DR.

SEBRING FL 33870

US

11014006



2. Principal Place of Business

122 S. HUCKLEBERRY LAKE DR

3. Mailing Address

122 S. HUCKLEBERRY LAKE DR

Suite, Apt. #, etc.

SEBRING, FL

City & State

City & State

Zip

33875

Country

Highland

Zip

33875

Country

Highland

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0424907

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F
129 S COMMERCE AVE
SEBRING FL 33870

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. 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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCAFEЕ, DENNIS R.	
STREET ADDRESS	941 N RIDGEWOOD DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCAFEЕ, DAVID R	
STREET ADDRESS	941 N RIDGEWOOD DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCAFEЕ, JOANNE P.	
STREET ADDRESS	941 N RIDGEWOOD DRIVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCAFEЕ, DEBORAH J	
STREET ADDRESS	941 N RIDGEWOOD DRIVE	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAFEЕ, JOANNE P	
STREET ADDRESS	122 S. HUCKLEBERRY LAKE DR	
CITY-ST-ZIP	SEBRING, FL 33875	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAFEЕ, DAVID R	
STREET ADDRESS	122 S. HUCKLEBERRY LAKE DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	DENNIS R	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAFEЕ, DENNIS R	
STREET ADDRESS	122 S. HUCKLEBERRY LAKE DR	
CITY-ST-ZIP	SEBRING FL 33870	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

JOANNE P. MCAFEЕ

4/23/03 863-314-0468

Date

Daytime Phone #

CR2E034 (10/02)