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

04-25-2003 90205 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P93000039688

1. Entity Name

MCAFEE MOVING & STORAGE, INC.



<u>. </u>										
Principal Place of Business Mailing Address										
-941 N. RIDGEWOOD DR.		941 N. RIDGEWOOD DR.			1101	1000				
SEBRING FL 33870		SEBRING FL 33970								
US		us			1	I KONJINAN HIN HUKUN HINI MUKA MAH	. 			
2. Principal Place of Bu	ısiness	3. Mailing Address				, 1001100, 11- 10100 11-11 111 0011	A 60 111 60 160 fil	HE HEILE BILE!		
Suite, Apt. #, etc.					حد ک					
Suite, Apt. #, etc. Pr Suite, Apt. #, etc.						C OUTON HERE	75 M. 170 MG	0		
SEBLING .	SERKING	SEBKING, FT			CHECK HERE, IF MAKING CHANGES					
City & State		City & State				4. FEI Number		Ar	oplied For	
					Ì	65-0424907		No	ot Applicable	
Zip	Country Zip Cour			ntry				\$8.75 Add	ditional	
33875.					·	5. Certificate of Status Desired		ee Require		
	me and Address of Current I		44.42	7777050		7. Name and Address of New R				
Name						7. Trume and Address of New Hegisteres Agent				
MODOLILIM IAMED E				•						
MCCOLLUM, JAMES F				Street Address (P.O. Box Number is Not Acceptable)						
129 S COMMERCE AVE										
SEBRING FL 33870)									
	Ň			Oltro				7		
₩	ş.,			City			FL	Zip Code	e	
8. The above named el	ntity submits this statement for	the purpose of changing its	register	ed office or re	egistered	d agent, or both, in the State of Flo	rida. I am fa	amiliar with,	and accept	
the obligations of req		, , , , , , , , , , , , , , , , , , ,			- 5					
SIGNATURE									 ,	
Signature, ty	ped or printed name of registered agent a	nd title it applicable. (NOI	E: Hegistere	ed Agent signature	e required w	rhen reinstating)	DATE	<u> </u>		
FILE NOV	V!!! FEE IS \$150.00									
After May 1, 2003 Fee will be \$550.00						 Election Campaign Fin Trust Fund Contribution 			May Be	
Make Check Payable to Florida Department of State						Trust Fund Contribution	ı. U	Addec	o to rees	
10.	* OFFICERS AND I	DIRECTORS	11.	-`		ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR:	S IN 11	
TITLE D		☐ Delete	TITL						Addition	
	, DENNIS R	□ Delete	NAM	1	,	CAFEE, JOANNES. HUCKIEBERRY	<i>f</i> .	L=16 Onlarings	L Addition	
				EET ADDRESS	177	S. HUCKIEBEARY	LAKE.	Ve	•	
/				SEBRING, F1 33875						
	a-FL-330/V					2.3.2.2.9				
TITLE		☐ Delete	TITL		m	AFRE, DAVIO R 2 S. HUCKLEBERRY	<u>-</u>	Change	☐ Addition	
	MCAFEE, DAVID R			ME .		2 S. IducikleBERRY	LAK	-3 Dr	}	
STREET ADDRESS 941 N-F		STREE			SEBRING E1 3382					
CITY-ST-ZIP SEBRING	G FL 33870		CITY	r-ST-ZIP		-BRING 1-1 390				
TITLE D -		☐ Delete	TITL	E :	~P			Change	Addition .	
NAME MOAFES	; JOANNE P.		NAM	IE	25%	ncaper, Dennis	/L ,		0	
	IDGEWOOD DRIVE		STRE	EET ADDRESS	i	1225. HUCKIEBE	RRY L	ALLE	1	
CITY-ST-ZIP SEBRIN			CITY	'-ST-ZIP		SEBRING FI 3	3872			
TITLE D		Delete	TITL	<u>-</u> -				Change	Addition	
-	E. DEBORAH J	Perere	NAM					Onlarige		
1	RIDGEWOOD DRIVE			EET ADDRESS						
	GFL 33870			-ST-ZIP					ľ	
	# FL 330/U			——— 						
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAM	1						
STREET ADDRESS				EET ADORESS		•			ĺ	
CITY-ST-ZIP			CITY	'-ST-ZiP						
TITLE		☐ Delete	TITLE	E				Change	☐ Addition	
NAME			NAM	IE						
STREET ADDRESS			STRE	EET ADDRESS						
CITY-ST-7IP			CITY	- ST-7/P					- 1	

12. I hereby certify that the information supplied with this filling 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:

DIBING OF DITORINE D. M. AFEE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-314-0468

Daytime Phone #