

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90145 024 ***150.00

DOCUMENT # P94000002252

1. Entity Name
ANYWHERE-ANYTIME MOVING & STORAGE, INC.



Principal Place of Business
**315 GROSBEAK AVE
SEBRING FL 33872
US**

Mailing Address
**315 GROSBEAK AVE
SEBRING FL 33872
US**

2. Principal Place of Business
603 AVOCADO ST.
Suite, Apt. #, etc.

3. Mailing Address
603 AVOCADO ST
Suite, Apt. #, etc.

City & State
SEBRING FL

City & State
SEBRING FL

4. FEI Number **65-0465750**

Applied For
Not Applicable

Zip
33870

Country
US

Zip
33870

Country
US

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LOWER, TRACY
315 GROSBEAK AVE
SEBRING FL 33872**

7. Name and Address of New Registered Agent

Name, **LOWER, TRACY**
Street Address (P.O. Box Number is Not Acceptable)
603 AVOCADO ST.
City **SEBRING** FL Zip Code **33870**

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 **TRACY E. LOWER**

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

(NOTE: Registered agent signature required when reinstating)

3-12-03

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** ☐ Delete
NAME **LOWER, TRACY**
STREET ADDRESS **315 GROSBEAK AVE 603 AVOCADO ST**
CITY-ST-ZIP **SEBRING FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 **TRACY E. LOWER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03 863-471-6495

Date Daytime Phone #

CR2E034 (10/02)