

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90140 034 \*\*\*150.00

0495756 AV

**DOCUMENT # P94000028323**

**1. Entity Name**  
**ECONOMOVE, INC.**



**Principal Place of Business**  
**7910 ULMERTON RD**  
**LARGO FL 33771**

**Mailing Address**  
**7910 ULMERTON RD**  
**LARGO FL 33771**

**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** **59-3247362**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**KISTNER, TERRY**  
**1022 WYNDHAM WAY**  
**SAFETY HARBOR FL 34695**

**7. Name and Address of New Registered Agent**

Name **KISTNER, Terry**  
Street Address (P.O. Box Number is Not Acceptable)  
**5288 Kailsburg Pl**

City **PAUM HARBOR** **FL** Zip Code **34685**

**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

*Terry Kistner Pres.*

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 **PT** ☐ Delete  
NAME **KISTNER, TERRY**  
STREET ADDRESS **1022 WYNDHAM WAY**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **VS** ☐ Delete  
NAME **KISTNER, SANDRA G**  
STREET ADDRESS **1022 WYNDHAM WAY**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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 **PT** ☒ Change ☐ Addition  
NAME **KISTNER, Terry**  
STREET ADDRESS **5288 Kailsburg Pl**  
CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE **VS** ☒ Change ☐ Addition  
NAME **KISTNER, SANDRA**  
STREET ADDRESS **5288 Kailsburg Pl**  
CITY-ST-ZIP **PAUM HARBOR FL 34685**

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

**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 an other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

**4/29/03**

Date

Daytime Phone #

CR2E034 (10/02)