2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 14, 2002 8:00 am P94000073407 DOCUMENT # **Secretary of State** 1. Entity Name 03-14-2002 90039 004 ***150 00 PRIDE MOVING COMPANY, INC. Principal Place of Business Mailing Address 2884 21 ST AVENUE N 2884 21 ST AVENUE N ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3280814 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NATIONSCORP REGISTERED AGENTS, INC. **526 EAST PARK AVENUE** SUITE 200 TALLAHASSEE FL 32301 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME TUNKUS, CHRIS J NAME STREET ADDRESS 2884 21ST AVENUE NORTH STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE TD NAME TUNKUS, CHARLES P NAME STREET ADDRESS 2884 21ST AVENUE NORTH STREET ADDRESS ST. PETERSBURG FL CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Change TITLE . Delete TITLE NAME NAME TUNKUS, SCOTT A STREET ADDRESS STREET ADDRESS 2884 21ST AVENUE NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.