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

05-05-2003 90355 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012866

1. Entity Name
ATLANTIC MOVING SERVICES, INC.

11036975

Principal Place of Business	Mailing Address
1566 NIEMEYER CIR. PT. ST. LUCIE, FL 34952	1566 NIEMEYER CIR. PT. ST. LUCIE, FL 34952

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
440 NW Market Place	440 NW Market Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Saint Lucie, FL	City & State: Port Saint Lucie, FL
Zip: 34986 Country: St. Lucie	Zip: 34986 Country: St. Lucie

4. FEI Number 65-0559484 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEVRIES, JERILYN
1566 NIEMEYER CIR.
PT. ST. LUCIE, FL 34952

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] 04/30/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVRIES, JERILYN 1593 VILLAGE GREEN DR., #4 PT. ST. LUCIE, FL 34952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 04/30/03 (772) 878 8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #