

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90058 005 ***150.00

DOCUMENT # P95000016545

1. Entity Name

MID-FLORIDA MOVERS, INC.

Principal Place of Business

510 SANDAL COURT
ALTAMONTE SPRINGS FL 32714

Mailing Address

510 SANDAL COURT
ALTAMONTE SPRINGS FL 32750-3138

2. Principal Place of Business

655 W. Fulton
Suite Apt. #, etc.
5

3. Mailing Address

655 W. Fulton
Suite Apt. #, etc.
5

City & State

Sanford, FL

City & State

Sanford, FL

Zip

32771

Country

Seminole

Zip

Country

4. FEI Number

59-3302824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLDUC, ANGELA M
510 SANDAL COURT
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name
Angela m Bolduc
Street Address (P.O. Box Number is Not Acceptable)
605 Wren Av
Longwood,
City
FL Zip Code
32750

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 Angela Bolduc Secretary/Treasurer Angela Bolduc 4-11-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	BISHOP, CURTIS M	2840 LIONEL RD.	MIMS FL 32754	<input type="checkbox"/>
DST	BOLDUC, ANGELA M	510 SANDAL COURT	ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: Angela Bolduc Secretary/Treasurer 4-11-00 409-328-8955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)