

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90020 037 \*\*\*150.00

**A0049614**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #P95000079979 ✓</b> 1. Entity Name <div style="text-align: center; margin-top: 10px;"> <b>LOU'S DISCOUNT MOVING, INC.</b> </div>			
Principal Place of Business <div style="margin-top: 10px;"> <b>1401 Missouri Avenue N., Unit 136</b>  <b>Largo, Fl. 33770</b> </div>		Mailing Address <div style="margin-top: 10px;"> <b>1401 Missouri Avenue N., Unit 136</b>  <b>Largo, Fl. 33770</b> </div>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <div style="margin-top: 10px;"> <b>The Law Firm of Lawrence J. Spiegel Chrt'd</b>  <b>343 Aleria Avenue</b>  <b>Coral Gables, Fl. 33134</b> </div>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>Zammito, Richard C.</b> <b>1401 Missouri Avenue N., Unit 136</b> <b>Largo, Fl. 33770</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Richard C. Zammito</i> <b>RICHARD C. ZAMMITO</b>		4-5-01 727 709-6047 Date Daytime Phone #	

CR2E034 (11/00)