

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90672 017 ***150.00

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AV

DOCUMENT # P96000000852

1. Entity Name

SMALL MOVES, INC. OF ORLANDO

Principal Place of Business

**650 NICOLET AVENUE
WINTER PARK FL 32789
US**

Mailing Address

**650 NICOLET AVENUE
WINTER PARK FL 32789
US**

2. Principal Place of Business

1490 W. Fairbanks Ave.

Suite, Apt. #, etc.

3. Mailing Address

1490 W. Fairbanks Ave.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789-4806

Country

U.S.A.

Zip

32789-4806

Country

U.S.A.

4. FEI Number

59-3354752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KINCAID, JAMES
650 NICOLET AVENUE
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name **Kincaid, James**

Street Address (P.O. Box Number is Not Acceptable)
1490 W. Fairbanks Ave.

City **Winter Park**

FL

Zip Code
32789-4806

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-02-02

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, 2002 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 **PD** ☐ Delete
NAME **KINCAID, JAMES**
STREET ADDRESS **650 NICOLET AVENUE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **VSTD** ☐ Delete
NAME **KINCAID, CYNTHIA**
STREET ADDRESS **650 NICOLET AVENUE**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02

Date

4072920807

Daytime Phone #

CR2E034 (9/01)