

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

06-18-2002 90485 039 \*\*\*150.00

DOCUMENT # **796000038499**

1. Entity Name

*El Campo Moving & Storage Inc.*

**DO NOT WRITE IN THIS SPACE**

**869361**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

To Whom this may concern 869361 Attachment FEI #  
#P96000038499 65-0662262

I just got this OBR a few days

ago and I just noticed that I had

to file by May 1<sup>st</sup> and sadly enough

I didn't notice this until May 1<sup>st</sup>!

Anyways this was filled out on

May 1<sup>st</sup> and mailed on May 2<sup>nd</sup> please

wave any late fees.

Thank Ward Blanchard II

4955 A.W. 28<sup>th</sup> ave.

St. Land, Fla. 33312

P96000038499



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 3, 2002

EL CHEAPO MOVING & STORAGE INC.  
4955 SW 28TH AVENUE  
FT LAUDERDALE, FL 33312

SUBJECT: EL CHEAPO MOVING & STORAGE INC.  
Ref. Number: P96000038499

We have received your document for EL CHEAPO MOVING & STORAGE INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers  
Document Specialist

Letter Number: 102A00035844

Attachment  
FEI#  
65-0662262

869361  
#P96000038499

1/10