

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057816

1. Entity Name

AFFILIATED MOVING, INC.

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90059 007 \*\*\*550.00

Principal Place of Business

2716 FORSYTH RD  
 113  
 WINTER PARK FL 32772  
 US

Mailing Address

2716 FORSYTH RD  
 113  
 WINTER PARK FL 32792  
 US

00001554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Affiliated Moving  
 Suite, Apt. #, etc.  
 #113

3. Mailing Address

2716 N. Forsyth Rd  
 Suite, Apt. #, etc.  
 #113

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3400589

Applied For

Not Applicable

Zip

32792

Country

U.S.A.

Zip

32792

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, PERCIVAL A  
 3951 N. FORSYTH ROAD  
 WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name  
 Percival Russell  
 Street Address (P.O. Box Number is Not Acceptable)  
 2716 N. Forsyth Rd.  
 Orlando  
 City  
 FL Zip Code  
 32792

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

*Percival Russell*

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

(NOTE: Registered Agent signature required when reinstating)

*Aug 22, 2000*  
 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 \$550.00**

**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	CEO RUSSELL, PERCIVAL 550 HATTAWAY DR. ALT. SPRINGS FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, LURLINE 13455 N.E. 10TH AVE. #407 N. MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Percival Russell*  
 DATE  
 (407) 679-5500  
 Daytime Phone #

CP2E034 (5/00)