

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90323 006 ***150.00

DOCUMENT # P96000093802

1. Entity Name
ALAMO MOVING, INC.



Principal Place of Business
**1954 ROOSEVELT STREET
HOLLYWOOD FL 33020**

Mailing Address
**1954 ROOSEVELT STREET
HOLLYWOOD FL 33020**

22001795



2. Principal Place of Business

5974 SW 40 AVE

Suite, Apt. #, etc.

3. Mailing Address

5974 SW 40 AVE

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FT LAUDERDALE FL

City & State
FT LAUDERDALE, FL

4. FEI Number **65-0709128**

Applied For
☐ Not Applicable

Zip **33314** Country **BROWARD**

Zip **33314** Country **BROWARD**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRANKLIN, JAMES
1954 ROOSEVELT STREET
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name **JAMES FRANKLIN**
Street Address (P.O. Box Number is Not Acceptable)
5974 SW 40 AVE
City **FT LAUDERDALE** FL **33314**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FRANKLIN, JAMES**
STREET ADDRESS **1954 ROOSEVELT STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☐ Change ☒ Addition
NAME **CHRIS FARRINGTON**
STREET ADDRESS **1410 SW 87 AVE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **James Franklin** REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03 954-962-9559
Date Daytime Phone #

CR2E034 (10/02)