

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90010 038 \*\*\*150.00

DOCUMENT # P96000095967

1. Entity Name

ERCOLANI MOVING, INC.

Principal Place of Business

570 JEFFERSON DR  
113  
DEERFIELD BEACH FL 33442

Mailing Address

570 JEFFERSON DR  
113  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

2840 Marina Circle

3. Mailing Address

2840 Marina Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

City & State

Lighthouse Point, FL

Zip

33064

Country

Broward

Zip

33064

Country

Broward

4. FEI Number

65-0709659

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLDEN, ROBERT  
3421 W OAKLAND PALM BLVD  
LAUDERDALE LAKES FL 33311

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS ERCOLANI, JOHN  
CITY-ST-ZIP 570 JEFFERSON DR #113  
DEERFIELD BEACH FL 33442

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ERCOLANI, PATRICIA K  
CITY-ST-ZIP 570 JEFFERSON DR #113  
DEERFIELD BEACH FL 33442

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 2840 MARINA CIRCLE  
STREET ADDRESS LIGHTHOUSE PT., FL 33064  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 2840 MARINA CIRCLE  
STREET ADDRESS LIGHTHOUSE PT., FL 33064  
CITY-ST-ZIP

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

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

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

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:

Patricia Ercolani PATRICIA Ercolani

4/10/01 (954)946-7647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0311843

CR2E034 (10/00)