

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90116 039 ***150.00

DOCUMENT # P96000095967

1. Entity Name
ERCOLANI MOVING, INC.



Principal Place of Business
**2840 MARINA CIRCLE
LIGHTHOUSE POINT FL 33064**

Mailing Address
**2840 MARINA CIRCLE
LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**GOLDEN, ROBERT
3421 W OAKLAND PALK BLVD
LAUDERDALE LAKES FL 33311**

Name
Street Address (P.O. Box Number is Not Acceptable)
**WORLD EXECUTIVE BUILDING
3500 N. STATE RD 7 SUITE 439
City LAUDERDALE LAKES FL Zip Code 33319**

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 *Robert Golden*

1/14/03

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ERCOLANI, JOHN**
STREET ADDRESS **2840 MARINA CIRCLE**
CITY-ST-ZIP **LIGHTHOUSE PT FL 33064**

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

TITLE **D** ☐ Delete
NAME **ERCOLANI, PATRICIA K**
STREET ADDRESS **2840 MARINA CIRCLE**
CITY-ST-ZIP **LIGHTHOUSE FL 33064**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Patricia Ercolani* **SIGNATURE REQUIRED PATRICIA ERCOLANI (VP) 954-946-7647**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0100026 AV

CR2E034 (10/02)