

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025331

1. Entity Name

TOTAL RELOCATION SERVICES OF FLORIDA, INC.

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90018 049 ***150.00

0313225

Principal Place of Business

1065 SW 15TH AVE
SUITE 2
DELRAY BEACH FL 33444

Mailing Address

1065 SW 15TH AVE
SUITE 2
DELRAY BEACH FL 33444

2. Principal Place of Business

1220 SW 35th AVENUE
Suite, Apt. #, etc. SUITE C

3. Mailing Address

1220 SW 35th AVENUE
Suite, Apt. #, etc. SUITE C



DO NOT WRITE IN THIS SPACE

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH FL

4. FEI Number

65-0743473

Applied For

Not Applicable

Zip

33426

Country

USA

Zip

33426

Country

USA

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

6. Name and Address of Current Registered Agent

GALLACHER, SUSAN
1065 S.W. 15TH AVENUE
SUITE 2
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name SUSAN GALLACHER
Street Address (P.O. Box Number is Not Acceptable)
1220 SW 35th AVENUE - C
Boynton Beach
City FL Zip Code 33426

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

Susan Gallacher

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/01

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 PTD
NAME AHERN, THOMAS
STREET ADDRESS 400 MASON ROAD
CITY-ST-ZIP FAIRPORT NY 14450 ☐ Delete

TITLE VDS
NAME AHERN, ALLISON
STREET ADDRESS 400 MASON ROAD
CITY-ST-ZIP FAIRPORT NY 14450 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Aherne

4/11/01

Date

561-7345501

Daytime Phone #

CR2E034 (10/00)