

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077399

1. Entity Name

PRO MOVING, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90065 031 \*\*\*150.00

Principal Place of Business

Mailing Address

2655 FAIRFIELD AVE SOUTH  
ST PETERSBURG FL 33712-1664

2655 FAIRFIELD AVE SOUTH  
ST PETERSBURG FL 33712-1664

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3476053

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

O'NEILL, JAMES W  
2120 52ND ST S  
GULFPORT FL 33707

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SHIPLEY, MICHAEL	
STREET ADDRESS	2655 FAIRFIELD AVE SO	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKINNER, AARON	
STREET ADDRESS	2655 FAIRFIELD AVE SO	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELSH, FRANCIS	
STREET ADDRESS	2655 FAIRFIELD AVE SO	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKINNER, JUSTIN	
STREET ADDRESS	2655 FAIRFIELD AVE SO	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 Apr 2K

Date

Daytime Phone #

CR2E034 (9/99)