FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P97000099876 1. Entity Name ALL MY SONS MOVING AND STORAGE OF FT. MYERS, INC 04-10-2001 90010 017 ***150.00 Principal Place of Business Mailing Address 13080 METRO PKWY 6270 RALEIGH STREET FT MYERS FL 33912 HOLLYWOOD FL 33024 \$41384 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0796396 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUBBERLY, LINDA Street Address (P.O. Box Number is Not Acceptable) 6270 RALEIGH ST HOLLYWOOD FL 33024 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Delete TITLE TITI F Change ☐ Addition BROWN, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 479 CORBEL DR CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HOYOS, BETTY NAME STREET ADDRESS STREET ADDRESS 6270 RALEIGH ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DUBBERLY, LINDA NAME STREET ADDRESS STREET ADDRESS 6270 RALEIGH ST CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33024 TITLE ☐ Delete TITLE ☐ Change Maddition NAME BROWN, MARY NAME STREET ADDRESS STREET ADDRESS 479 CORBEL DR CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.