

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90013 015 ***150.00

DOCUMENT # P97000106724

1. Entity Name
SUNSET MOVING & STORAGE, INC.

Principal Place of Business
111 U.S. HWY 1, ROCKLAND KEY
KEY WEST FL 33040

Mailing Address
5400 NW 35TH TERRACE
105
FORT LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
121 U.S. Highway 1

3. Mailing Address

Suite, Apt. #, etc.
Suite 105

Suite, Apt. #, etc.

City & State
Key West, FL

City & State

4. FEI Number **65-0801546**

Applied For
Not Applicable

Zip **33040** **Country** **MONROE**

Zip **Country**

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

ELLIS, JUDITH
111 U.S. HWY 1, ROCKLAND KEY
KEY WEST FL 33040

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, 2002 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 **DP** ☐ **Delete**
NAME **ELLIS, JUDITH A**
STREET ADDRESS **2751-2 EAST ARAGON BLVD**
CITY-ST-ZIP **SUNRISE FL 33313**

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

TITLE **ST** ☐ **Delete**
NAME **ELLIS, GARY W.**
STREET ADDRESS **2751-2 EAST ARAGON BLVD**
CITY-ST-ZIP **SUNRISE FL 33313**

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

TITLE **VP** ☐ **Delete**
NAME **HABICHT, EDWARD H.**
STREET ADDRESS **2801-F EAST ARAGON BLVD**
CITY-ST-ZIP **SUNRISE FL 33313**

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

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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: JUDITH A. ELLIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02 954-484-5088
Date Daytime Phone #

CP2E034 (9/01)