

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001057

1. Entity Name

A ADVANCED MOVING & STORAGE SERVICE CO.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90046 007 ***158.75

Principal Place of Business

6250 - 42 STREET NORTH
#6
PINELLAS PARK FL 33781

Mailing Address

6250 - 42 STREET NORTH
#6
PINELLAS PARK FL 33781-6046

2. Principal Place of Business

6553 46 St. N.
#9-900

3. Mailing Address

6553 46 St. N.
#9-900

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pinellas Park, FL

City & State
Pinellas Park, FL

Zip
33781

Country
USA

Zip
33781

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1841270

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

SANTORA, FRANK A JR
6250 - 42 STREET NORTH #6
PINELLAS PARK FL 33781

Name
Street Address (P.O., Box Number is Not Acceptable)
6553 46 Street N.
#9-900
Pinellas Park FL 33781

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

Frank A. Santora, Jr.

Frank A Santora, Jr. 04-17-00

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	P	<input type="checkbox"/> Delete
NAME	SANTORA, FRANK A JR	
STREET ADDRESS	6250 - 42 STREET NORTH #6	
CITY - ST - ZIP	PINELLAS PARK FL 33781	
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"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTORA, FRANK A. JR.	
STREET ADDRESS	6553 46 Street N. #9-900	
CITY - ST - ZIP	Pinellas Park, FL 33781	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Santora, Judith	
STREET ADDRESS	6553 46 Street N. #9-900	
CITY - ST - ZIP	Pinellas Park, FL 33781	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank A. Santora, Jr. 04-17-00

Date

Daytime Phone #

CR2E034 (9/99)