## FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 27, 2001 8:00 am <sup>0</sup>9800003288? DOCUMENT # **Secretary of State** 03-27-2001 90657 005 \*\*\*150.00 EL AUTO MOVERS, INC. Principal Place of Business 5912 NEW KINGS KOAD 5912 NEW KINGS ROAD A0038247 JACKSOIDUILLE | 32209 JAKSOUUTLE F. 32209 3. Mailing Address 2. Principal Place of Business MANTATION Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc City & State 4. FEI Number Applied For City & State 593505020 AYIDESUIL JENPGIA Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired **BRANTLEY** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKETZ HARRY C Street Address (P.O. Box Number is Not Acceptable) 5912 DEW KINGS 32209 JACKSONUILLE FL. City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \_10.\_Election.Campaign.Financing\_ \$5.00-May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition TITLE ☐ Delete SAULE PARKER. NAME NAME 16 PLANTATION CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition -T#1LC Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Change ☐ Addition TITLE Delete NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 frustee 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 a addres with all other like empowered. SIGNATURE

CR2E034 (11/00)