

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000047835**

1. Entity Name
A & S MUSTANG MOVERS INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90073 041 ***150.00

Principal Place of Business
**413 OAK PLACE
BLDG-6G
PORT ORANGE FL 32127**

Mailing Address
**413 OAK PLACE
BLDG-6G
PORT ORANGE FL 32127**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-6511990		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WALDMAN, CONNIE A 413 OAK PLACE BLDG-6G PORT ORANGE FL 32127		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 date (applicable) (NOTE: Registered Agent's signature required when registering) (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, 2001 Fee will be \$250.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PST WALDMAN, CONNIE A 836 UPLAND DRIVE PORT ORANGE FL 32127	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 a power of attorney.

SIGNATURE: *Connie A. Waldman Pres. 4/27/01* (904) 788-1823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)