

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048488

1. Entity Name

UNITED CONTAINER MOVERS ASSOCIATION, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90034 040 ***150.00

Principal Place of Business

2040 E 21ST STREET
JACKSONVILLE FL 32206

Mailing Address

PO BOX 16952
JACKSONVILLE FL 32245-6952

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3514621**

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

FERNANDEZ, TONY
1741 EADY LANE
YULEE FL 32097

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, 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 | PVST | <input type="checkbox"/> Delete |
| NAME | FERNANDEZ, TONY | |
| STREET ADDRESS | 1741 EADY LANE | |
| CITY-ST-ZIP | YULEE FL 32097 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FERNANDEZ, TONY | |
| STREET ADDRESS | 1741 EADY LANE | |
| CITY-ST-ZIP | YULEE FL 32097 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | KEY, KENNETH K | |
| STREET ADDRESS | 3223 W. 15TH ST | |
| CITY-ST-ZIP | JACKSONVILLE FL 32254 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | VELEZ, ALEXIS | |
| STREET ADDRESS | 5502 SHERIE LANE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | POWERS, JOE | |
| STREET ADDRESS | 11515 HALL BLVD. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32218 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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

4-13-00

Date

904-465-3411

Daytime Phone #