

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0079900

DOCUMENT # P98000078185

1. Entity Name

A-1 FRANK TODISCO'S MOVING CO., INC.

05-16-2001 90022 030 ***150.00

Principal Place of Business

**212 N. ATLANTIC AVE
 COCOA BEACH FL 32931**

Mailing Address

**212 N. ATLANTIC AVE
 COCOA BEACH FL 32931**

550320

2. Principal Place of Business

9008 Marlin St.

3. Mailing Address

9008 Marlin St

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cape Canaveral, FL

City & State

Cape Canaveral, FL

4. FEI Number

59-3532382

Applied For

Not Applicable

Zip

Country

32920

Zip

Country

32920

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

**TODISCO, FRANK
 4600 OCEAN BCH BLVD
 UNIT 207
 COCOA BEACH FL 32931**

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

Cynthia Blackwood VP

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-01

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 \$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	PCEO	<input type="checkbox"/> Delete
NAME	TODISCO, FRANK	
STREET ADDRESS	212 N. ATLANTIC AVE	
CITY-ST-ZIP	9008 Marlin St. Cape Canaveral, FL 32920	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLACKWOOD-HISOM, CYNTHIA	
STREET ADDRESS	4600 OCEAN BCH BLVD #207	
CITY-ST-ZIP	COCOA BCH FL 32931	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Cynthia Blackwood VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01

Date

Daytime Phone #

CR2E034 (10/00)