

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014472

1. Entity Name

PSMOV, INC.

Principal Place of Business

Mailing Address

2506 STROUD AVE. STE. 113
TAMPA FL 33629

2506 STROUD AVE. STE. 113
TAMPA FL 33609-4685

change of address

2. Principal Place of Business

3211 W. SWANN AVE

3. Mailing Address

3211 W. SWANN AVE

Suite, Apt. #, etc.

#307

Suite, Apt. #, etc.

#307

City & State

Tampa, Fla.

City & State

Tampa, Fla.

Zip

Country

33609

USA

Zip

Country

33609

USA

4. FEI Number

59-3560406

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

VALDES, J G

2506 STROUD AVE. STE. 113
TAMPA FL 33629

Name

Valdes, J. G

Street Address (P.O. Box Number is Not Acceptable)

3211 W. SWANN AVE. #307

City

Tampa

FL

Zip Code

33609

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

J. G. Valdes

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

(NOTE: Registered Agent signature required when reinstating)

1-12-00

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	D	<input checked="" type="checkbox"/> Delete
NAME	VALDES, J G	
STREET ADDRESS	2506 STROUD AVE. STE. 113	
CITY-ST-ZIP	TAMPA FL 33629	
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	D. Griffin Valdes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3211 SWANN AVE. #307	
STREET ADDRESS	Tampa, Fla. 33609	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

J. G. Valdes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 10, 2000

Date

(813) 873-0999

Daytime Phone #

CR2E034 (9/99)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90162 013 ***150.00



DO NOT WRITE IN THIS SPACE