

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017757

1. Entity Name

MEGA MOVERS INC.

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90023 046 \*\*\*150.00

Principal Place of Business

12710 CEDAR RIDGE DRIVE  
HUDSON FL 34669

Mailing Address

12710 CEDAR RIDGE DRIVE  
HUDSON FL 34669

2. Principal Place of Business

11644 PARABLE CT

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey FL

City & State

Zip

Country

38654

Pasco

Zip

Country

4. FEI Number

59-3567563

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, KIMBERLY  
12710 CEDAR RIDGE DRIVE  
HUDSON FL 34669

7. Name and Address of New Registered Agent

Name

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

11644 PARABLE CT

City

New Port Richey

FL

Zip Code

38654

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, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BROWN, KEITH  
12710 CEDAR RIDGE DRIVE  
HUDSON FL 34669 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BROWN, KIMBERLY  
12710 CEDAR RIDGE DRIVE  
HUDSON FL 34669 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ADDRESS CHANGE  
11644 PARABLE CT  
New Port Richey FL 38654 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
11644 PARABLE CT  
New Port Richey FL 38654 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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)(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

Kimberly Brown

Kimberly Brown

4/15/01

727 856-4587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)