

**2004 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # P99000018717

1. Entity Name

Armstrong Moving & Storage, Inc.

03-29-2004 90057 005 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

**94037795**

2. Principal Place of Business

1093 A1A Beach Blvd.

3. Mailing Address

1093 A1A Beach Blvd.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

#193

Suite, Apt. #, etc.

#193

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number

59-3563149

Applied For

Not Applicable

Zip

32080

Country

Zip

32080

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Henry Dean, C.P.A.

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

251 N.E. Dixie Blvd.

City

Delray Beach, FL

Zip Code

33444

**DO NOT WRITE  
IN THIS SPACE**

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: Types or printed name of registered agent and, if applicable

(NOTE: Registered Agent Signature required when transferring)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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-STATE-ZIP  
**President**  
**Joseph Schooley**  
**1093 A1A Beach Blvd. #193**  
**St. Augustine, FL 32080**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information reported 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 on an attachment with an address, with all of the following:

SIGNATURE:

*Handwritten Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/23/04

904 4601313