

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

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90041 024 ***150.00

DOCUMENT # P99000018717

1. Entity Name

Armstrong Moving & Storage, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1093 A1A Beach Blvd.

3. Mailing Address
1093 A1A Beach Blvd.

Suite, Apt. #, etc.
Suite # 193

Suite, Apt. #, etc.
Suite # 193

City & State
Saint Augustine, FL

City & State
Saint Augustine, FL

4. FEI Number
59-3563149

Applied For
Not Applicable

Zip
32080

Country
St. John's

Zip
32080

Country
St. John's

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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 33444

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Joseph Schooley
1093 A1A Beach Blvd., #193
St. Augustine, FL 32080

TITLE
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)