

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037098

1. Entity Name
MOVING CONCEPTS, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90014 019 ***150.00

Principal Place of Business
5128 CEDAR HAMMOCK DRIVE
SARASOTA FL 34232

Mailing Address
5128 CEDAR HAMMOCK DRIVE
SARASOTA FL 34232

New Address:
↓

2. Principal Place of Business
Home
Suite, Apt. #, etc. →

3. Mailing Address
6033 34th ST. W #120
Suite, Apt. #, etc. →
120



DO NOT WRITE IN THIS SPACE

City & State → **Bradenton, FL.**

4. FEI Number **65-0919761**

Applied For
☐ Not Applicable

Zip **34210** Country **USA**

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

MILLER, KEVIN R
5128 CEDAR HAMMOCK DR.
SARASOTA FL 34232

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

6033 34th ST. W. #120
Bradenton, FL 34210

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **PSTD** ☐ Delete
NAME **MILLER, KEVIN R**
STREET ADDRESS **5128 CEDAR HAMMOCK DRIVE**
CITY-ST-ZIP **SARASOTA FL 34232**

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

TITLE ☐ Delete
NAME **6033 34th ST. W #120**
STREET ADDRESS **Bradenton, FL 34210**
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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 fees empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-01 / 941-758-4586

CR2E034 (10/00)