

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090162

1. Entity Name

ALL COUNTY MOVING & STORAGE EXPRESS INC.

Principal Place of Business

500 S.E. DIXIE HWY.  
STUART FL 34994

Mailing Address

500 S.E. DIXIE HWY.  
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HAWLEY, JAMES  
211 LOBSTER RD.  
PT. ST. LUCIE FL 34983

7. Name and Address of New Registered Agent

Name

WAYNE A. MURPHY

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

4560 SE ROARINGBROOKWAY  
STUART FL 34997

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 ☐ Delete  
NAME P  
STREET ADDRESS HAWLEY, JAMES  
CITY-ST-ZIP 211 LOBSTER RD.  
PT. ST. LUCIE FL 34983

TITLE ☐ Delete  
NAME V  
STREET ADDRESS MUSSO, VINCENT  
CITY-ST-ZIP 3093 SEA BOARD AVE.  
PALM CITY FL 34990

TITLE ☐ Delete  
NAME S  
STREET ADDRESS MURPHY, WAYNE  
CITY-ST-ZIP 500 S.E. DIXIE HWY.  
STUART FL 34994

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE A. MURPHY Sect Wayne A. Murphy Sect 561-221-0137  
4-27-01

Daytime Phone #

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90295 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)