

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110937

1. Entity Name

AL'S MOVING & TRANSPORT, INC.

Principal Place of Business

1155 S.E. 35TH AVE
OCALA FL 34471

Mailing Address

1155 S.E. 35TH AVE
OCALA FL 34471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2369123

Applied For

Not Applicable

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

HODGE, ELIZABETH F
408 W. UNIVERSITY AVE STE 500
GAINESVILLE FL 32601-5289

Name

JEANNE SEMIDEY

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

1155 S.E. 35TH AVE

City Ocala

Zip Code

34471

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

JEANNE A. SEMIDEY (JEANNE SEMIDEY)

4/16/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SEMIDEY, JEANNE	
STREET ADDRESS	1155 S.E. 35TH AVE	
CITY - ST - ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEMIDEY, AL	
STREET ADDRESS	1155 S.E. 35TH AVE	
CITY - ST - ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 19.07(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

JEANNE A. SEMIDEY

4/16/01 (302) 694-2849

Date

Daytime Phone #

CR2E034 (10/00)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90089 039 ***150.00



DO NOT WRITE IN THIS SPACE