

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90461 042 ***150.00

DOCUMENT # S92822

1. Entity Name
MOVEX, INC.

Principal Place of Business

Mailing Address

**1808 W BEARSS AVE
TAMPA FL 33613**

**1808 W BEARSS AVE
TAMPA FL 33613**

**3418 Handy Rd Suite 204
Tampa, FL 33618**

**3418 Handy Rd # 204
Tampa FL 33618**

2. Principal Place of Business

3. Mailing Address

3418 Handy Rd

3418 Handy Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 204

Suite 204

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33618

33618

4. FEI Number **59-3098517**

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

**SUDDATH, STUART A.
1808 W BEARSS AVE
TAMPA FL 33613**

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** ☐ Delete
NAME **SUDDATH, STUART A.**
STREET ADDRESS **6900 INTERBAY BLVD**
CITY-ST-ZIP **TAMPA FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **SUDDATH, STUART A.**
STREET ADDRESS **13109 WISTER LANE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER - SECRETARY** ☐ Change ☒ Addition
NAME **ROSS H. SUDDATH SR**
STREET ADDRESS **1808 W. BEARSS AVE**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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:

Ross H. Suddath Sr.

Ross H. SUDDATH SR.

3/12/2001

813

908-5557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)