

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V09625

1. Entity Name

ACCURATE DELIVERY AND MOVING, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90111 001 \*\*\*450.00

Principal Place of Business

657 BALMORAL RD  
WINTER PARK FL 32789  
US

Mailing Address

657 BALMORAL RD  
WINTER PARK FL 32789-5204  
US

2. Principal Place of Business

3804 N. ORANGE BLOSSOM TR.

3. Mailing Address

P.O. Box 2645

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT F16

City & State

ORLANDO, FL.

City & State

WINTER PARK, FL.

Zip

32804

Country

ORANGE

Zip

32790-2645

Country

ORANGE

6. Name and Address of Current Registered Agent

WINDHAM, WILMA S.  
657 BALMORAL RD  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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

*Wilma S. Windham*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-00

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, 2000 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	DVP	<input type="checkbox"/> Delete
NAME	WINDHAM, ROGER A., JR	
STREET ADDRESS	1833 MAYWOOD RD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	WINDHAM, WILMA S.	
STREET ADDRESS	657 BALMORAL RD	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINDHAM, R. ALAN	
STREET ADDRESS	657 BALMORAL RD	
CITY-ST-ZIP	WINTER PARK, FL. 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Wilma S. Windham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-00 (407) 297-0866



DO NOT WRITE IN THIS SPACE