2002 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2002 8:00 am Secretary of State DOCUMENT # V09625 1. Entity Name 04-21-2002 90946 001 ***450 00 ACCURATE DELIVERY AND MOVING, INC. Principal Place of Business Mailing Address 3804 N ORANGE BLOSSOM TRAIL PO BOX 2645 UNIT F16 WINTER PARK FL 32790-2645 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3113572 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WINDHAM, WILMA S. Street Address (P.O. Box Number is Not Acceptable) 657 BALMORAL RD WINTER PARK FL 32789 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME WINDHAM, ROGER A., JR NAME STREET ADDRESS STREET ADDRESS 1833 MAYWOOD RD CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL 00000 TITI F ☐ Delete TITLE DPS ☐ Change ☐ Addition NAME NAME WINDHAM, WILMA S. STREET ADDRESS 657 BALMORAL RD STREET ADDRESS CITY-ST-7IP WINTER PARK FL 32789 CITY-ST-ZIP TITLE ☐ Delete DVPT ☐ Change ☐ Addition NAME WINDHAM, R. ALAN STREET ADDRESS STREET ADDRESS 657 BALMORAL ROAD CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.