

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90043 002 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # V29544

1. Entity Name
FATHER & SON MOVING & STORAGE OF JACKSONVILLE, I NC.

Principal Place of Business
6805 STUART LANE S
JACKSONVILLE FL 32205
US

Mailing Address
6805-1 STUART LANE S
JACKSONVILLE FL 32205
US

2. Principal Place of Business
6805-1 STUART LANES.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State

Zip
32254

Country
US

4. FEI Number
65-0361743

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SAFER, ELIOT J
4025 BEACH BLVD.
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
10110 SAN JOSE BOULEVARD
City JACKSONVILLE FL Zip Code 32257

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
MASSARO, FRED
1801 SW 67 AVE
PLANTATION FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
HOROWITZ, STEVE
6805 STUART LANE S
JACKSONVILLE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
YUDNNE HOROWITZ
6805-1 STUART LANE S.
JACKSONVILLE, FL 32254

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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: YUDNNE HOROWITZ

4-25-02 904-720-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #