

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90178 001 ***158.75

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DOCUMENT # V42607

1. Entity Name
DAVE ROTHROCK MOVING, INC.



Principal Place of Business
**3716 INTERSTATE PK RD N
SUITE A
RIVIERA BEACH FL 33404**

Mailing Address
**3716 INTERSTATE PK RD N
SUITE A
RIVIERA BEACH FL 33404**

2. Principal Place of Business
**4348 WESTROADS DR
SUITE B**

3. Mailing Address
**4348 WESTROADS DR
SUITE B**

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33407

Country
PALM BEACH

Zip
33407

Country
PALM BEACH



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0341222** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCDONALD, MARSHALL III
224 DATURA STREET
SUITE 1109
WEST PALM BEACH FL 33401**

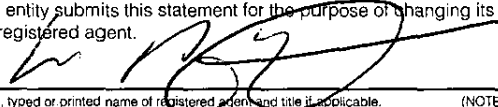
7. Name and Address of New Registered Agent

Name **RICHARD P ZARETSKY, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
**1655 PALM BEACH LAKES BLVD
SUITE 900**

City **WEST PALM BEACH FL** Zip Code **33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/16/03**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROTHROCK, RONALD 3568 BETTY ANN CT. LAKE PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROTHROCK, DAVID 1710 AVE. G. RIVIERA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROTHROCK, JOYCE 1710 AVE. G. RIVIERA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rothrock David 1810 Ave G Riviera Beach FL 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Joyce Rothrock 1810 Ave G Riviera Beach FL 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED ROTHROCK PRESIDENT 4/15/03 561 848 5801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)