

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

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90056 017 ***150.00

DOCUMENT # G08732

1. Entity Name

A-1-A ATLANTIC MOVING & STORAGE CO.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2549 W. Broward Blvd.

3. Mailing Address
2549 W. Broward Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number
59-2237559

Applied For
☐ Not Applicable

Zip
33312

Country
USA

Zip
33312

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Alexander MacKenzie

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

2549 W. Broward Boulevard

City Fort Lauderdale, **FL** **Zip Code** 33312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME Alexander MacKenzie
STREET ADDRESS 2549 W. Broward Blvd.
CITY-ST-ZIP Fort Lauderdale, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME William Kiefhaber
STREET ADDRESS 2549 W. Broward Blvd.
CITY-ST-ZIP Fort Lauderdale, FL 33312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME Robert Kiefhaber
STREET ADDRESS 2549 W. Broward Blvd.
CITY-ST-ZIP Fort Lauderdale, FL 33312

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)