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

**DOCUMENT#** 

G08732

1. Entity Name



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

A-1-A ATLANTIC MOVING & STORAGE CO.					03-01-2004 90056 01 / ****150.00			
	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 Country 33312 USA		Zip 33312	Country USA		5. Certificate of Status Desired			5 Additional equired
			Adjusticity (Eg. 1927)   Car Adjusticity (Eg. 1927)   Car		7. Name and Address of Curre	nt Registered	l Agen	t
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IN THIS SPA		ACE	TONE STATE	2549 W	J. Broward Bouleva	ırd		- 11
			C	City Fort Lauderdale, FL Zip Cod 33.			33312	
the obliga	e named entity submits this statement fortions of registered agent.  Signature, typed or printed name of registered agent.		NOTE: Registered Age			DATE		·
	nuary 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00 Amended UBR Is \$61.25 k Payable to Florida Department o	f State			9. Election Campaign F Trust Fund Contribut	· · · -		\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	The second secon	THE CALL	CARLERALL CORE CASA	<b>了多有性。</b> 在一个主	gilla to the second construction.	
TITLE	PD	•	TITLE				A CONTRACTOR	
NAME	Alexander MacKenzie		NAME					
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CITY-ST-ZIP	Fort Lauderdale, FL 33312		CITY-ST-1	21P	The state of the s	Single of the Control	-	
TITLE	VP		TITLE					
NAME	William Kiefhaber		NAME	end de Cronse de				
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STREET ADDRESS	Robert Kiefhaber 2549 W. Broward Blvd	1	STREET AC	inaree	A CONTRACTOR OF THE PROPERTY O	THE PERSON NAMED IN	The Areas	
CITY-ST-ZIP	Fort Lauderdale, FL	`	CITY-ST-2		DO NOT	WRI	TE	e i di sama di Programma di sama di s
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF

ALEX MACKENSIE

Daytime Phone #