

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

0313225

DOCUMENT # P97000025331

1. Entity Name
TOTAL RELOCATION SERVICES OF FLORIDA, INC.

04-14-2001 90018 049 ***150.00

Principal Place of Business 1065 SW 15TH AVE SUITE 2 DELRAY BEACH FL 33444	Mailing Address 1065 SW 15TH AVE SUITE 2 DELRAY BEACH FL 33444
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2. Principal Place of Business <i>1220 SW 35th AVENUE</i>	3. Mailing Address <i>1220 SW 35th AVENUE</i>
Suite, Apt. #, etc. <i>SUITE C</i>	Suite, Apt. #, etc. <i>SUITE C</i>

DO NOT WRITE IN THIS SPACE

City & State <i>BOYNTON BEACH, FL</i>	City & State <i>BOYNTON BEACH FL</i>	4. FEI Number 65-0743473	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33426</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
GALLACHER, SUSAN
1065 S.W. 15TH AVENUE
SUITE 2
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent
 Name *SUSAN GALLACHER*
 Street Address (P.O. Box Number is Not Acceptable)
1220 SW 35th AVENUE - C
BOYNTON BEACH
 City **FL** Zip Code *33426*

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 *Susan Gallacher* DATE *4/11/01*
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Thomas Ahern* DATE *4/11/01* DAYTIME PHONE # *561-7345501*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)