

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 27 AM 7:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*h/4/16*



DO NOT WRITE IN THIS SPACE

DOCUMENT # **L95000000580**

1. Entity Name  
**MABRY STORAGE, L.C.**

Principal Place of Business 2106 BISPHAM RD. SUITE B SARASOTA FL 34231	Mailing Address 2106 BISPHAM RD. SUITE B SARASOTA FL 34231-5518
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0583497**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTERSON, JOHN**  
**46 N. WASHINGTON BLVD.**  
**SUITE 1**  
**SARASOTA FL 34236**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME **MGRM**  
STREET ADDRESS **1116304 ONTARIO INC., ATTN. TERRY YATES**  
CITY-ST-ZIP **253 ROBINA RD. ANCASTER, ONTARIO L9G -2L6**

TITLE  Change  Addition  
NAME **600003208245--?**  
STREET ADDRESS **-04/13/00--01090--014**  
CITY-ST-ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  Delete  
NAME **MGRM**  
STREET ADDRESS **SACKVILLE HOLDINGS, INC., ARTHUR LABATT**  
CITY-ST-ZIP **ONE FIRST CANADIAN PL., BOX 487 TORONTO, ONTARIO M5X -1E5.**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGRM**  
STREET ADDRESS **100070 ONTARIO LIMITED, ATTN. PAUL CURLEY**  
CITY-ST-ZIP **%95 ST. CLAIR AVE. WEST, #1605 TORONTO, ONTARIO M4V -1N6**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGRM**  
STREET ADDRESS **SANVIN, INC., ATTN. DONALD GREER**  
CITY-ST-ZIP **%3375 14TH AVE., UNIT 1 MARKHAM, ONTARIO L3R -0H2**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGRM**  
STREET ADDRESS **JOHNSON, JOHN E**  
CITY-ST-ZIP **627 BUCHANAN ST. DAVIS CA 95616**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGRM**  
STREET ADDRESS **PARBIRDIE HOLDINGS, INC., ATTN PETER DEEKS**  
CITY-ST-ZIP **4 HIGHLAND CRESCENT TORONTO, ONTARIO M4W -2S7**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Donald Greer* **SIGNATURE REQUIRED**

*3/16/2000* *1941-365-4617*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)