

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90043 018 ***158.75

0385702 AV

DOCUMENT # 319888

1. Entity Name
STOR-ALL SYSTEMS INC

Principal Place of Business
1375 W HILLSBORO BLVD.
DEERFIELD BCH. FL 33442

Mailing Address
1375 W HILLSBORO BLVD.
DEERFIELD BCH. FL 33442

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
59-1452959

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ANDERSON, LARRY W.
1375 W HILLSBORO BLVD.
DEERFIELD BCH. FL 33442

7. Name and Address of New Registered Agent

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 _____

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ANDERSON, ROBERT W 1375 W HILLSBORO BLVD. DEERFIELD BCH. FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, LARRY W 1375 W HILLSBORO BLVD. DEERFIELD BCH. FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, NORMAN E 1375 W HILLSBORO BLVD. DEERFIELD BCH. FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ANDERSON,JEFFREY 1375 W HILLSBORO BLVD. DEERFIELD BCH. FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-02 (954) 421-7888

CR2E034 (9/01)