2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000596969 AT

DOCUMENT # A00000001888

FILED
03 APR 25 PM 4:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

1. Entity Name
PORT ORANGE STORAGE, LTD.

Principal Place of Business	Mailing Address
5652 ISABELLE AVENUE PORT ORANGE FL 32127	5652 ISABELLE AVENUE PORT ORANGE FL 32127

425

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY MAY 1, 2003

4. FEI Number 59-3692583 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, D. ANDREW
5652 ISABELLE AVENUE
PORT ORANGE FL 32127

JAN 14 2003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$9,800.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M98199	STREET ADDRESS	
NAME	CLARK PROPERTIES CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	5652 ISABELLE AVENUE		
CITY-ST-ZIP	PORT ORANGE FL 32127		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100017105151 [redacted]
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	04/25/03--01068--006 **157.35
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CITY-ST-ZIP			

CR2E003 (10/02)

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] E REQUIRED 1-9-03 386-767-0350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #