

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A17663**

1. Entity Name

**STUART STORAGE LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

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

Mailing Address  
1375 W. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33442-1719



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **59-2419231**  
Applied For  
Not Applicable

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$900,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	ANDERSON, LARRY W 1375 W. HILLSBORO BLVD. DEERFIELD BCH. FL	STREET ADDRESS	CITY - ST - ZIP	
NAME				
CITY - ST - ZIP				
DOCUMENT #	ANDERSON, ROBERT W 1375 W. HILLSBORO BLVD. DEERFIELD BCH. FL	STREET ADDRESS	CITY - ST - ZIP	500003229585 -04/28/00--01097--011 ****535.00 ****535.00
NAME				
CITY - ST - ZIP				
DOCUMENT #	H00829 COASTAL STORAGE CORP. 1375 W. HILLSBORO BLVD. DEERFIELD BCH. FL	STREET ADDRESS	CITY - ST - ZIP	
NAME				
CITY - ST - ZIP				
DOCUMENT #		STREET ADDRESS	CITY - ST - ZIP	
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CITY - ST - ZIP				
DOCUMENT #		STREET ADDRESS	CITY - ST - ZIP	
NAME				
CITY - ST - ZIP				

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 REQUIRED**  
**LARRY W. ANDERSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date \_\_\_\_\_ Daytime Phone # **(954) 421-7888**

CR2E003 (9/96)