2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 08:00 AM
Secretary of State

DOCUMENT # **A26599**

1. Entity Name
LAKESHORE DRY STORAGE, LTD.

Principal Place of Business	Mailing Address
3326 LAKESHORE BLVD.	3326 LAKESHORE BLVD.
JACKSONVILLE FL	JACKSONVILLE FL
32210	32210

2. Principal Place of Business	3. Mailing Address
	ONE INDEPENDENT DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 2210
City & State	City & State JACKSONVILLE FL
Zip / Country	Zip 32202 / Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2897422** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIMPSON BRYAN JR.	Name: ARMSTRONG DAN P
1061 RIVERSIDE AVE. 2ND FL	Street Address (P.O. Box Number is Not Acceptable): ONE INDEPENDENT DR.
	SUITE 2210
JACKSONVILLE FL	City: JACKSONVILLE FL Zip Code: 32202
32204 US	

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 **DAN P. ARMSTRONG** 04/19/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. 30,000.00

10. Amount of Capital Contributions in FLORIDA to date. 30,000.00

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 #		STREET ADDRESS	
NAME	LAKESHORE HIGH & DRY INC.		
STREET ADDRESS	1 INDEPENDENT DR., STE. 2210	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE FL 32202		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E003 (11/00)

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: J. Frank Surface P 04/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #