2000-UNIFORM BUSINESS REPORT (UBR)

	·				<u> </u>	
DOCUMENT # A27260 1. Entity Name				FILED		
BOYNTON - STOR-ALL, LTD.				SEGRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address \$ STOR-ALL SYSTEMS, INC 1375 W. HILLSBORO BLVD DEERFIELD BEACH FL 33442 Mailing Address \$ STOR-ALL SYSTEMS, INC 1375 W. HILLSBORO BLVD DEERFIELD BEACH FL 33442					00 APR 17 PM 5: 58	
DEEKFIELD D	EACH FL 33442	DECENTION DENOTIFE 33	191 2-1713			
Principal Place of Business 3. Mailing Address			-	· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 65-0052815 Applied For Not Applicab	
Zip Country		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent	
ANDERSO	DN, LARRY W		_	Name		
1375 W. HILLSBORO BLVD.,				Street Address (P.O. Box Number is Not Acceptable)		
DEERFIEL	D BEACH FL 33442					
•				City FL Zip Code		
8. The above	named entity submits this statement fo	r the purpose of changing its r	registered	office or registe	tered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered A	Agent signature require	red when reinstating) DATE	
9. Capital Co		10. Amount of Capita in FLORIDA to da		tions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
23 0110411	A GENERAL PARTNER I	HAT IS A BUSINESS ENT	TITY MU	ST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE.	
12.	NOTE: General Partners MA GENERAL PARTNER		e form;	an amendme	ent must be filed to change a general partner. ADDRESS CHANGES ONLY	
DOCUMENT#	319888 STOR-ALL SYSTEMS, INC. 1375 W. HILLSBORO BLVD			ADDRESS		
NAME STREET ADDRESS			CITY-S	st-ZIP	Dr	
DOCUMENT #	DELINICED BEACHTE	·	STREET	ADORESS	-//	
NAME STREET ADDRESS CITY-ST-ZIP			спу-ѕ	sτ-ZIP	-V/17	
DOCUMENT#			STREET	ADDRESS		
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DOCUMENT# NAME			STREET	ADDRESS	-05/01/0001011004 ****535.00 *****535.00	
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STREET ADDRESS CITY-ST-ZIP			crry-s	17 - ZIP		
DOCUMENT # NAME	,		STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP			ÇITY-S			
indiantad	certify that the information supplied with on this report is true and accurate and yer or trustee empowered to execute the LARRY W. HAVOCK	that my cianature chall have t	tha cama l	lanal affant ac if	Section 119.07(3)(i), Florida Statutes. I further certify that the information f made under oath; that I am a General Partner of the limited partnership	