

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001842**

1. Entity Name

FLORIDA STORAGE, LTD.

FILED

02 MAR 18 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH



Principal Place of Business
**847 20TH PLACE
VERO BEACH FL 32960**

Mailing Address
**847 20TH PLACE
VERO BEACH FL 32960**

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, 2002

4. FEI Number **65-0809810**

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

**BIRD, RICHARD N
847 20TH PLACE
VERO BEACH FL 32960**

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

9. Capital Contributions as Shown on record. **\$98,000.00**

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 #	L97000000942	STREET ADDRESS	
NAME	STORM GROVE STORAGE, L.C.	CITY-ST-ZIP	
STREET ADDRESS	847 20TH PLACE		700005169057--9
CITY-ST-ZIP	VERO BEACH FL 32960		-03/26/02--01044--024
DOCUMENT #		STREET ADDRESS	*****88.75 *****88.75
NAME		CITY-ST-ZIP	700005169057--9
STREET ADDRESS			-03/26/02--01044--025
CITY-ST-ZIP			*****437.50 *****437.50
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

2/29/02

CR2E003 (9/01)

0008748 AT

STAPLE CHECK HERE