

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0014020  
AT

DOCUMENT # **A99000001995**

1. Entity Name  
**STORMAX ONE LIMITED**

02 APR 24 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**15201 ROOSEVELT BLVD  
SUITE 112  
CLEARWATER FL 33760**

Mailing Address  
**15201 ROOSEVELT BLVD  
SUITE 112  
CLEARWATER FL 33760**



2. Principal Place of Business  
**15500 ROOSEVELT BLVD**

3. Mailing Address  
**15500 ROOSEVELT**

Suite, Apt. #, etc.  
**SUITE 303**

Suite, Apt. #, etc.  
**SUITE 303**

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number **59-3611619**

Applied For  
Not Applicable

Zip Country Zip Country

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**

**HAYDON, ROGERS K JR  
15201 ROOSEVELT BLVD  
SUITE 112  
CLEARWATER FL 33760**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**15500 ROOSEVELT BLVD SUITE 303**

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. **\$400,080.00**

10. Amount of Capital Contributions in FLORIDA to date. **400,080.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P97000077549 HR BAYSIDE OFFICE, INC. 15201 ROOSEVELT BLVD SUITE 112 CLEARWATER FL 33760</b>	STREET ADDRESS CITY-ST-ZIP	<b>15500 ROOSEVELT BLVD SUITE 303</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>300005414713--4 -05/01/02--01033--019 ****526.25 ****526.25</b>
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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: **ROBERTS K. HAYDON, JR  
PRES OF HR BAYSIDE OFFICE INC**  
**4/16/02** **727.5390777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (9/01)