

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003876

1. Entity Name

WPW STORAGE, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90027 048 ***150.00

Principal Place of Business
WPW STORAGE INC
PINEHOLE SOUTH EASTERN, P.O. BOX 7019
HILTON HEAD ISLAND SC 29938

Mailing Address
WPW STORAGE INC
PINEHOLE SOUTH EASTERN, P.O. BOX 7019
HILTON HEAD ISLAND SC 29938

LUU40333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
C5 Village @ Wexford
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 7019
Suite, Apt. #, etc.

City & State
HILTON HEAD SC

City & State

Zip
29928

Country
us

Zip
29138

Country

4. FEI Number 57-0957073

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOODY, DONALD J
3099 EAST COMMERCIAL BLVD., SUITE 200
FORT LAUDERDALE FL 33308

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, JEFFREY T		NAME		
STREET ADDRESS	1091 LIGHTHOUSE II		STREET ADDRESS		
CITY-ST-ZIP	HILTON HEAD SC 29928		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, JEFF		NAME		
STREET ADDRESS	1091 LIGHTHOUSE II		STREET ADDRESS		
CITY-ST-ZIP	HILTON HEAD SC 29928		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERRY, CHRIS		NAME		
STREET ADDRESS	55 BRAMS POINT		STREET ADDRESS		
CITY-ST-ZIP	HILTON HEAD SC 29926		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WYNNE, ARTHUR W JR.		NAME		
STREET ADDRESS	90 CARRIAGE HOUSE ROAD		STREET ADDRESS	90 CARRIAGE HOUSE ROAD	
CITY-ST-ZIP	BERNARDSVILLE NJ 70101		CITY-ST-ZIP	07924	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/01

Date

843-785-8875

Daytime Phone #

CR2E034 (10/00)