2000 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **F70838** 1. Entity Name STORAGE MANAGEMENT, INC. 04-17-2000 90113 046 ***150.00 Principal Place of Business Mailing Address 1801 GLENGARY ST 1801 GLENGARY ST SUITE 202 SUITE 202. SARASOTA FL 34231-3603 SARASOTA FL 34231-3603 2. Principal Place of Business 3. Mailing Address 1433 Second JECON ! Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2201758 Not Applicable ARASOTA 87702ASA Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required પડ ઉ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUTLEDGE, JAMES Street Address (P.O. Box Number is Not Acceptable) STRIETET 1801 GLENBARY ST SUITE 202 SARASOTA, FL 34236 SARASOTA FL 34231 Zip Code City 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 le if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PVST** TITLE ☐ Delete TITI F RUTLEDGE, JAMES C NAME 1233 SELDING STREET STREET ADDRESS 1801 GLENGARY ST. SUITE 202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 SARASOM, FL 34236 TITLE ☐ Delete TITLE RUTLEDGE, JAMES C NAME NAME 1233 SECOND STREET 1801 GLENGARY ST, SUITE 202 STREET ADDRESS STREET ADDRESS SARASOM, FL 34234 CITY-ST-7IP SARASOTA FL 34231 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME

13. I hereby certify that the information supplied with this filling 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 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE NAME

☐ Delete

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition