

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State
03-05-2002 90068 030 ***150.00

DOCUMENT # F96000004029

1. Entity Name
UNITED STOR-ALL CENTERS, INC.

Principal Place of Business
**5650 GREENWOOD PLAZA BLVD
STE 143
GREENWOOD VILLAGE CO 80111**

Mailing Address
**5650 GREENWOOD PLAZA BLVD
STE 143
GREENWOOD VILLAGE CO 80111**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
93-1184053

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2002 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	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SALVO, STEPHEN A		NAME		
STREET ADDRESS	1767 SENTRY PKWY. WEST, STE. 210		STREET ADDRESS		
CITY-ST-ZIP	BLUE BELL PA 19422		CITY-ST-ZIP		
TITLE	CP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VICTOR, ARTHUR II		NAME		
STREET ADDRESS	2100 EAST COLFAX AVE.		STREET ADDRESS		
CITY-ST-ZIP	DENVER CO 80206		CITY-ST-ZIP		
TITLE	CV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANLEY, BRUCE D.		NAME		
STREET ADDRESS	725 SKIPPACK PIKE, STE. 305		STREET ADDRESS		
CITY-ST-ZIP	BLUE BELL PA 19422		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENDER, BARRY		NAME		
STREET ADDRESS	2100 EAST COLFAX AVE.		STREET ADDRESS		
CITY-ST-ZIP	DENVER CO 80206		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANKINSON, THOMAS		NAME		
STREET ADDRESS	725 SKIPPACK PIKE, STE. 305		STREET ADDRESS		
CITY-ST-ZIP	BLUE BELL PA 19422		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)(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.

SIGNATURE: SIGNATURE REQUIRED *Barry J Bender* 2/15/02 303/2909100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)