

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G31909

1. Entity Name

TEMPORARY STORAGE OF AMERICA, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90091 037 ***150.00

Principal Place of Business

Mailing Address

10800 N. MILITARY TRAIL
 STE. 205
 PALM BEACH GARDENS FL 33410

10800 N. MILITARY TRAIL
 STE. 205
 PALM BEACH GARDENS FL 33420-2884

2. Principal Place of Business

3. Mailing Address

P.O. Box 32884

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Beach Gardens, FL

4. FEI Number

59-2280493

Applied For

Not Applicable

Zip

Country

Zip

Country

33420-2884

U.S.A.

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

BOZARTH, ART
 10800 N. MILITARY TRAIL
 STE. 205
 PALM BEACH GARDENS FL 33410

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, 2000 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 PD ☐ Delete
 NAME BOZARTH, ART
 STREET ADDRESS 10800 N. MILITARY TRAIL STE. 205
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

ART BOZARTH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/00

Daytime Phone #

561/625-3777

CRF E034 (9/99)