

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90095 027 ***150.00

DOCUMENT # H76482

1. Entity Name

STORAGE PRODUCTS DISTRIBUTION, INC.

Principal Place of Business

Mailing Address

6981 UNIVERSITY BLVD
 WINTER PARK FL 32792
 US

6981 UNIVERSITY BLVD
 WINTER PARK FL 32792-5513
 US

2. Principal Place of Business

1375 S. Semoran Blvd.

3. Mailing Address

1375 S. Semoran Blvd.

Suite, Apt. #, etc.

Suite 1350

Suite, Apt. #, etc.

Suite 1350

City & State
 Winter Park, FL 32792

City & State
 Winter Park, FL 32792

4. FEI Number **59-3372991**

Applied For

Not Applicable

Zip
 32792

Country
 US

Zip
 32792

Country
 US

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

PIELOW, DANIEL
 6985 UNIVERSITY BLVD. 1375 S. Semoran Blvd.,
 WINTER PARK FL 32792 Suite 1350

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CD
MASTERS LASSITER, PAULA ANN
3000 CORPORATE CENTER DR
MORROW GA ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
S
LEE, EMMIE
3000 CORPORATE CENTER DR
MORROW GA ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
LEGAT, MARTIN G
6985 UNIVERSITY BLVD
WINTER PARK FL ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
SMITH, CATHY L
6985 UNIVERSITY BLVD
WINTER PARK FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
1375 S. Semoran Blvd., Suite 1350 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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:

Paula Ann Masters Lassiter
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00
 Date

407/677-8333
 Daytime Phone #