2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	J29912
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1. Entity Name

STOR-ALL EQUITIES, INC.



FILED

03 FEB 18 AM 11:33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business **% JEFFREY M. ANDERSON** 1375 W HILLSBORO BLVD DEERFIELD BCH FL 33442

Mailing Address

% JEFFREY M. ANDERSON 1375 W HILLSBORO BLVD DEFREIELD BCH EL 33442

DEERFIELD BCH FL 33442		DEERFIELD BCH FL 33442								
2. Principal Place of Business			3. Mailing Address				1 1 20 1110 0116 11010 10110 10110 11010 1		811 81817 B1811	
Suite, Apt	t. #, etc.	, ,,	Suite, Apt. i	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State	City & State		4.	4. FEI Number 59-2750087			pplied For ot Applicable
Zip Country			Zip	p Country		5.	5. Certificate of Status Desired \$8.75 A			ditional
	6. Name	and Address of Current F	Registered Agen	it		7.	Name and Address of New Regi			
					Name					
ANDERSON, JEFFREY M.				<u> </u>						
1375 W HILLSBORO BLVD.				Street A	Street Address (P.O. Box Number is Not Acceptable)					
DEERFIEL	LD BCH FL 3	3442		-						
					City			FL	Zip Cod	le
8. The above the obliga	e named entity tions of registe	submits this statement for red agent.	the purpose of c	hanging its reg	istered office or	registered ac	gent, or both, in the State of Florida	ı. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed or	printed name of registered agent an	nd title if applicable.	(NOTE: Re	gistered Agent signat	ure required when r	einstating)	DATE		
F	ILE NOW!!!	FEE IS \$150.00				 	T -	-	·········	
		Fee will be \$550.00					 Election Campaign Finance Trust Fund Contribution. 	ing 🔲		May Be
Make Check	k Payable to	Florida Department of	State				rasi i dra Contribution:		Audec	110 Lee2
10.		OFFICERS AND D	IRECTORS		11.	Α[DDITIONS/CHANGES TO OFFICE	RS AND	DIRECTORS	S IN 11
TITLE	DVT			Delete	TITLE				☐ Change	Addition
NAME		i, robert W.			NAME		100012463	290		
STREET ADDRESS		lsboro blvd.			STREET ADDRESS		10001246 3 02/13/030105300	14	•4 ≰(∇Ω 70	_
CITY-ST-ZIP	DEERFIELD	BCH FL		ŀ	CITY-ST-ZIP			,	"LUU" I.	,
TITLE	VD			Delete	TITLE					[1] Addition
NAME		, NORMAN E.	_	501010	NAME				□ Guange	Accidion
STREET ADDRESS	1375 W HIL	LSBORO BLVD.			STREET ADDRESS					
CITY-ST-ZIP	DEERFIELD				CITY-ST-ZIP	ı				
TITLE	VSD			Delete	TITLE				CT 01	
NAME	ANDERSON	I ADDV W		Delete	NAME				☐ Change	☐ Addition
STREET ADDRESS		LSBORO BLVD.			STREET ADDRESS					
CITY-ST-ZIP	DEERFIELD				CITY-ST-ZIP					
TITLE	PD			Delete	TITLE		.	1	Channa	- Addition
NAME		, JEFFREY M.		Collete	NAME			ļ	Change	Addition
STREET ADDRESS		LSBORO BLVD.			STREET ADDRESS					
CITY-ST-ZIP	DEERFIELD				CITY-ST-ZIP					
TITLE		741		Delete	TITLE				Change	Addition
NAME					NAME				overide	Audition
STREET ADDRESS	ı				STREET ADDRESS		•			
CITY-ST-ZIP					CITY-ST-ZIP					
TITLE				Delete	TITLE			Г	Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, withyall other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TREVER AND THE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-0-3 954/42/-7888