

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 04, 2000 8:00 am  
Secretary of State  
05-04-2000 90159 002 \*\*\*150.00

DOCUMENT # J56189

Entity Name  
MOBILE STORAGE, INC.

Principal Place of Business <del>DARK TOWER</del> <del>NORTH ATLANTIC BLVD APT #8C</del> <del>LAUDERDALE FL 33304</del>	Mailing Address 3432 WESTBURY RD KETTERING OH 45409-1246 US
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726350



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11746 GRACE'S WAY Suite, Apt. #, etc.	3. Mailing Address 3432 WESTBURY RD Suite, Apt. #, etc.
City & State CLERMONT, FL 34711 Zip 34711	City & State KETTERING, OHIO Zip 45409

4. FEI Number 59-2770415	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
~~PARRISH, MARY E~~  
~~12028 NW 25TH ST~~  
~~CORAL SPRINGS FL 33065~~

7. Name and Address of New Registered Agent  
Name  
PARRISH, MARY E.  
Street Address (P.O. Box Number is Not Acceptable)  
11746 GRACE'S WAY  
City  
CLERMONT FL Zip Code  
34711

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP NAME THOMPSON, LYLE V. STREET ADDRESS 1151 N. ATLANTIC BLVD., APT. 8C CITY-ST-ZIP FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP NAME THOMPSON, VIRGINIA L. STREET ADDRESS 1151 N. ATLANTIC BLVD., APT. 8C CITY-ST-ZIP FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME THOMPSON, LYLE V. STREET ADDRESS 11746 GRACE'S WAY CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP NAME THOMPSON, VIRGINIA L. STREET ADDRESS 11746 GRACE'S WAY CITY-ST-ZIP CLERMONT, FL 34711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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: VIRGINIA L. THOMPSON *Virginia L. Thompson* 4-28-2000 937 298-7298  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)