

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54740

1. Entity Name

PALM BEACH RECORD STORAGE, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90037 005 \*\*\*150.00

Principal Place of Business

Mailing Address

3735 SHARES PLACE, SUITE C  
RIVIERA BEACH FL 33404

940 W 13TH ST  
SUITE 3  
RIVIERA BEACH FL 33404-6717

2. Principal Place of Business

3. Mailing Address

940 W 13TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE #3

City & State

City & State

Riviera Bch, FL

Zip

Country

Zip

Country

33404

Palm Bch

4. FEI Number

65-0091854

Applied For

Not Applicable

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

STONE, ALAN F.  
860 U.S. HIGHWAY #ONE  
SUITE 210  
N. PALM BEACH FL 33408

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

TITLE ☐ Delete

D  
DETHLEFSEN, JOHN F  
312 LAKE CIRCLE #206  
N. PALM BEACH FL

TITLE ☐ Delete

D  
PILIERO, JOHN  
11521 LANDING PL., APT #E4  
N PALM BEACH FL

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. DETHLEFSEN

4/6/00

Date

(561) 863-9794

Daytime Phone #

CR2E034 (9/99)