

2001 UNIFORM BUSINESS REPORT (UBR)

00 313

DOCUMENT # L00000008265

1. Entity Name

FEDERAL STORAGE, LLC

FILED

01 AUG 10 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2450 PLAYERS COURT
WELLINGTON FL 33414

Mailing Address

2450 PLAYERS COURT
WELLINGTON FL 33414

1227 S. Lecanto Hwy

2. Principal Place of Business

1227 S. LECANTO HWY.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LECANTO FL

City & State

Lecanto Fla

4. FEI Number

65-1023298

Applied For

Not Applicable

Zip

34461

Country

USA

Zip

34461

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES, INC.
250 ROYAL PALM WAY, SUITE 300
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

T. ALCC RIGBY

Street Address (P.O. Box Number is Not Acceptable)

1227 S. Lecanto Hwy
2450 PLAYERS COURT

City

WELLINGTON

FL

Zip Code

33414

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

7/27/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | Secretary | <input type="checkbox"/> Delete |
| NAME | T. Alcc Rigby | |
| STREET ADDRESS | 1227 S. Lecanto Hwy | |
| CITY-ST-ZIP | Lecanto Fla 34461 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | President | <input type="checkbox"/> Delete |
| NAME | Alcc Rigby | |
| STREET ADDRESS | 1227 S. Lecanto Hwy | |
| CITY-ST-ZIP | Lecanto Fla 34461 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/27/01

Date

352-527-9777

Daytime Phone #

CR2E083 (5/01)