

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0024391

DOCUMENT # L01000009615

1. Entity Name

COLLEGE PARK STORAGE CENTER, L.L.C.

04-03-2002 90021 024 ****50.00

Principal Place of Business

601 NORTH ATLANTIC AVE. #708
 NEW SMYRNA BEACH FL 32169

Mailing Address

601 NORTH ATLANTIC AVE. #708
 NEW SMYRNA BEACH FL 32169

2. Principal Place of Business

1420 N. ORANGE BLOSSOM TRAIL

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

SAME

Zip

32804

Country

ORANGE

Zip

Country

4. FEL Number

59-3734727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCHANAN, STUART P
 1031 WEST MORSE BLVD., STE. 160
 WINTER PARK FL 32789

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

3/26/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGRM
 TURNER, PATRICIA L
 601 NORTH ATLANTIC AVE. #708
 NEW SMYRNA BEACH FL 32169 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MGR
 TURNER, PATRICIA L
 1420 N. ORANGE BLOSSOM TRAIL
 ORLANDO, FL. 32804 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

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: Patricia L. Turner

3/26/02 407.658.9033

CR2E083 (9/01)