

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

04-30-2003 90185 011 ****50.00

DOCUMENT # L02000009587

1. Entity Name

BEACHSIDE STORAGE LLC



Principal Place of Business

**231 CARDINAL DRIVE
ORMOND BEACH FL 32176**

Mailing Address

**1774 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176**

55052700

2. Principal Place of Business

3. Mailing Address

P.O. BOX 2180

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORM BCH FL

4. FEI Number

02-0640997

Applied For

☐ Not Applicable

Zip

Country

Zip

Country

32175

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

**BUDIANSKY, MARK H.
1774 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mark Budiansky

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**GEN MGR
MARK BUDIANSKY
1774 JOHN ANDERSON DR
ORM BCH FL 32176** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SANDY EVERTT
1774 JOHN ANDERSON DR
ORM BCH FL 32176** ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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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:

Mark Budiansky

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

4/28/03 386-3342865

DATE DAYTIME PHONE #

CR2E083 (10/02)