

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

0419770 AV

04-24-2003 90271 022 ***150.00

DOCUMENT # L47630	
1. Entity Name A-1 STOR-A-FILE, INC.	

Principal Place of Business %MICHAEL R. BRUENS 250 LOCK ROAD DEERFIELD BEACH FL 33442	Mailing Address %MICHAEL R. BRUENS 250 LOCK ROAD DEERFIELD BEACH FL 33442
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRUENS, MICHAEL R.
250 LOCK ROAD
DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	PISER, PETER J.
STREET ADDRESS	250 LOCK ROAD
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	BRUENS, MICHAEL R.
STREET ADDRESS	250 LOCK ROAD
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	PISER, TIMOTHY H.
STREET ADDRESS	250 LOCK ROAD
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	BURNS, MICHAEL P
STREET ADDRESS	250 LOCK ROAD
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael P. Burns* DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 954.4250418
Date Daytime Phone #

CR2E034 (10/02)