

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR -3 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/18



DO NOT WRITE IN THIS SPACE

DOCUMENT # L95000000738

1. Entity Name  
A-1 RAPID STORAGE, L.C.

Principal Place of Business  
4004 S. 50TH STREET  
TAMPA FL 33619

Mailing Address  
4004 S. 50TH STREET  
TAMPA FL 33619-6728

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 708  
Suite, Apt. #, etc.

City & State  
Anna Maria, FL

Zip  
34216

Country  
MARIATTE

4. FEI Number  
59-3339710

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
ZIGULICH, JOSEPH D JR.  
4004 S. 50TH STREET  
TAMPA FL 33619

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	MGRM	BASEMAN, STEPHEN J	866 HUDSON AVE SARASOTA FL 34236	<input type="checkbox"/>
	MGRM	ZIGULICH, JOSEPH D JR.	4004 S. 50TH STREET TAMPA FL 33619	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		217 OAK AVE (PO Box 708)	ANNA MARIA, FL 34216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		300003222749--9	-04/25/00--01048--004	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		*****50.00	*****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ 3/30/00 813-623-1414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)