

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001109 AF

DOCUMENT # L96000001065

1. Entity Name  
CENTRAL STORAGE OF ORLANDO, L.L.C.

FILED

00 APR 10 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4498 VINELAND RD  
ORLANDO FL 32811

Mailing Address  
4498 VINELAND RD  
ORLANDO FL 32811-7334



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

3. Mailing Address  
120 N. Spring Lake Drive  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Altamonte Springs, FL

4. FEI Number  
59-3595888

Applied For  
Not Applicable

Zip  
32714

Country  
USA

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

6. Name and Address of Current Registered Agent  
CHASE, BRADLEY R  
4498 VINELAND ROAD  
ORLANDO FL 32811

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

9. 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**

MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
<input type="checkbox"/> Delete	MGRM CHASE, BRADLEY R 4498 VINELAND ROAD ORLANDO FL 32811	<input type="checkbox"/> Change <input type="checkbox"/> Addition	600003221786--5 -04/24/00--01165--024 *****50.00 *****50.00
<input type="checkbox"/> Delete	MEM MESSER, CARLOS 2105 PONTIAC ROAD AUGURN HILLS MI 48326	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	MEM SCHELL, ARTHUR 2850 SCHERER, SUITE 500 ST. PETERSBURG FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	730 Pinellas Bayway Tierra Verde, FL 33715
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Bradley R Chase* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/7/00  
Date

807-246-1567  
Daytime Phone #

CR2E083 (9/99)