2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Name L96000001065						FILED				
CENTRAL STORAGE OF ORLANDO, L.L.C.						01 MAR -1 AM 8: 37				
Principal Place of Business Mailing Address					1	SECRETARY OF STALLAHASSEE, FL	ORIDA			
4498 VINELAND RD 120 N. SPRING LAKE DRIVE										
ORLANDO FL	32811	ALTAMONTE SPRINGS FL 3	2/14				II AAKAI WAN AAKI	. 11161 1111 1111		
	(•••							
2. Principal Place of Business 120 N. Spring Lake De							JI OBLET IJEH 36 110			
Suite, Apt.		Suite, Apt. #, etc.			1	DO NOT WRITE IN THIS	SPACE			
City & State City & State				4. FEI Number FO OFOSOOO App				oplied For]	
Altanoute Springs, FL				59-3595888 Not Applie					}	
3271	4 USA	Zip	.Country_	~ •.	5. Certif	ficate of Status Desired	-\$5.00 Add Fee Require			
	6. Name and Address of Current I	Registered Agent	N	lame	7. Name	e and Address of New Registered	l Agent		1	
CHASE, E	BRADLEY R				(D.O. Bay N	(mbar is Not Assentable)			-	
4498 VINELAND ROAD				Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO FL 32811				120 D. Spring LAKE DRIVE						
				City Alteriorte Springs FL 32714						
8. The above	named entity submits this statement for	the purpose of changing its re	gistered o	ffice or registe	red agent,	or both, in the State of Florida.				
SIGNATURE:	Verselly D.	Com Be	ADLE	RC	SEAL	02/28	101	٠.		
-	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	legistered Age	nt signature require	d when reinstati	ng) DATE			1	
				E IS \$50.00	4 04-4-			:		
		Make Check Paya	ible to D	epartment o	or State					
9.	MANAGING MEMBE		10.			ADDITIONS/CHANGE		Addition] [
TITLE NAME	MGRM Chase, Bradley R	☐ Deleté	TITLE NAME	_		·	⊠ Change	L' Addition	CR2E083 (11/00)	
STREET ADDRESS	4498 VINELAND ROAD		STREET AD CITY-ST-2	ODRESS 121	0 10.	Spring Lake D	>BUOE 	اب. د	83	
TITLE	ORLANDO FL 32811 MEM	☐ Delete	TITLE	21r F-\(\)	TAMO	bute Springs!	Change	Addition	뛇	
NAME	MESSER, CARLOS	2 0000	NAME		, P.	nt ac Roma				
STREET ADDRESS CITY+ST-ZIP	2105 PONTIAC ROAD AUGURN HILLS MI 48326		STREET AC		-	o Hills MI 483	526			
TITLE	MEM	☐ Delete	TITLE			L. Schell RENOCE	Change	Addition	1	
NAME STREET ADDRESS	SCHELL, ARTHUR		NAME Street ac	ODRESS 820	مح 3	. AVE HARGASIG	TOLE (IL	w3/		
CITY-ST-ZIP	730 PINELLAS BAYWAY TIERRA VERDE FL 33715		CITY-ST-	ZIP OR	SUALS	00, FL 32836				
TITLE		☐ Delete	TITLE NAME				☐ Change	☐ Addition		
NAME STREET ADDRESS			STREET AL	DDRESS		500003819 -03/09/01		—— <u>1</u> 004		
CITY-ST-ZIP			CITY-ST-	ZIP		*****50.80	****	50.00 <u> </u>	-	
TITLE NAME:		☐ Delete	TITLE NAME				☐ Change	☐ Addition		
STREET ADDRESS			STREET AC	I						
CITY-SÜZIP -		☐ Delete	CITY-ST-	ZIP			Change	Addition	1	
NAME		∟ ∪elete	NAME							
STREET ADDRESS City-St-Zip			STREET AL							
11 Lhereby	certify that the information supplied with	this filing does not qualify for t	he exempt	tion stated in S	ection 119.	07(3)(i), Florida Statutes. I further of	ertify that the	information	1	
indicated	on this report is true and accurate and ibility company or the receiver or trustee	that my signature shall have th	e same led	dal effect as if	made unde	r oath: that I am a managing mem	per or manage	51 O1 111 0		

MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daytime Phone #