

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90231 044 \*\*\*\*50.00

**DOCUMENT # L96000001065**

1. Entity Name

**CENTRAL STORAGE OF ORLANDO, L.L.C.**



Principal Place of Business

**120 N SPRING LAKE DRIVE  
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**120 N SPRING LAKE DRIVE  
ALTAMONTE SPRINGS FL 32714**

**44001781**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3595888**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHASE, BRADLEY R  
120 N SPRING LAKE DRIVE  
ALTAMONTE SPRINGS FL 32714**

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **CHASE, BRADLEY R**  
STREET ADDRESS **120 N SPRING LAKE DRIVE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **MEM** ☐ Delete  
NAME **MESSER, CARLOS**  
STREET ADDRESS **2131 PONTIAC ROAD**  
CITY-ST-ZIP **AUGURN HILLS MI 48326**

TITLE **MEM** ☐ Delete  
NAME **ARTHUR L. SCHELL REVOCABLE TRUST**  
STREET ADDRESS **8262 GRANADA BLVD**  
CITY-ST-ZIP **ORLANDO FL 32838**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **PRES.** ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VICE PRES.** ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Sec/TREAS.** ☒ Change ☐ Addition

NAME  
STREET ADDRESS **6220 Masters Blvd. #301**  
CITY-ST-ZIP **Orlando, FL 32819**

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

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

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

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: SIGNATURE REQUIRED**

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

**4/21/03**

Date

**407-869-1199**

Daytime Phone #

CR2E083 (10/02)