

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001649

1. Entity Name
PODS USA, LLC

FILED
00 JAN 20 PM
SECRETARY OF S
TALLAHASSEE, FL

Principal Place of Business
12200 34TH STREET NORTH, SUITE D
CLEARWATER FL 33762

Mailing Address
12200 34TH STREET NORTH, SUITE D
CLEARWATER FL 33762-5608

2. Principal Place of Business
6061 45TH ST. NORTH
Suite, Apt. #, etc.

3. Mailing Address
6061 45TH STREET NORTH
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

4. FEI Number 59-3404869

Applied For
Not Applicable

Zip 33714 Country USA

Zip 33714 Country USA

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

6. Name and Address of Current Registered Agent

WARHURST, PETER S
12200 34TH STREET NORTH, SUITE D
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6061 45TH ST. NORTH
City ST. PETERSBURG FL Zip Code 33714

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

1/14/00

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME JPU DEVELOPMENT, INC.
STREET ADDRESS 3 SEASIDE LANE #801
CITY-ST-ZIP BELLEAIR FL 33756 ☐ Delete

TITLE MGRM
NAME VARO ESTATES, INC.
STREET ADDRESS 605 BAYVIEW DRIVE
CITY-ST-ZIP BELLEAIR FL 33756 ☐ Delete

TITLE MGRM
NAME DAVLIN INVESTMENTS, INC.
STREET ADDRESS 10636 ALICO PASS
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Delete

TITLE MGRM
NAME ONA, LLC
STREET ADDRESS 4194 HARBOR HILLS DRIVE
CITY-ST-ZIP LARGO FL 33770 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000003117580--5
-02/01/00--01029--018
*****50.00 *****50.00

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/14/00

Date

127-520-0080

Daytime Phone #