

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001649

1. Entity Name  
PODS USA, LLC

FILED

01 APR 23 PM 5:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6061 45TH STREET NORTH  
ST. PETERSBURG FL 33714

Mailing Address  
6061 45TH STREET NORTH  
ST. PETERSBURG FL 33714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3404869

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARHURST, PETER S  
6061 45TH STREET NORTH  
ST. PETERSBURG FL 33714

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

10. ADDITIONS/CHANGES

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

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

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 600004137186--9  
CITY-ST-ZIP -05/04/01--01036--012

TITLE NAME MGRM DAVLIN INVESTMENTS, INC. ☐ Delete  
STREET ADDRESS 10836 ALICO PASS  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/19/01

727-528-6311

Date

Daytime Phone #

CR2E083 (11/00)