

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002614

1. Entity Name

POWERS DRIVE SELF STORAGE, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 21 AM 11:02

Principal Place of Business

2704 REW CIRCLE SUITE 100
OCOE FL 34761

Mailing Address

P.O. BOX 27
OCOE FL 34761



2. Principal Place of Business

2706 REW CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

City & State

OCOE

City & State

Zip

34761

Country

Zip

Country

4. FEI Number

59-3583866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, RAILEY & HARDING, P.A.
2716 REW CIRCLE, SUITE 102
OCOE FL 34761

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:

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/MANAGERS

TITLE MGR
NAME RABOUD, RONALD
STREET ADDRESS 1139 OAKPOINT CIRCLE
CITY-ST-ZIP APOKA FL 32712 ☐ Delete

TITLE MGR
NAME COX, LAWRENCE E
STREET ADDRESS 1099 PARK AVE. N.
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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
800003410558-7
-10/02/00-01011-005
*****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

Date

Daytime Phone #

CR2E083 (5/00)