

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000062

1. Entity Name
STORAGE VENTURES, LLC

FILED

01 APR 20 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1546 METROPOLITAN BLVD., SUITE 4
TALLAHASSEE FL 32308-3775

Mailing Address
1546 METROPOLITAN BLVD., SUITE 4
TALLAHASSEE FL 32308-3775

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 62-1764182

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

GROW, WILLIAM A JR.
1546 METROPOLITAN BLVD., SUITE 4
TALLAHASSEE FL 32308-3775

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
STREET ADDRESS
CITY-ST-ZIP

MGRM
UNION INVESTMENT CO., INC.
P.O. BOX 375
COLQUITT GA 31737

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
GROW, WILLIAM A JR.
1241 WEST THARPE STREET, SUITE B27
TALLAHASSEE FL 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

1546 Metropolitan Blvd., Suite 4
Tallahassee, FL 32308-3775

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ROSE, DWIGHT
9901 SAN SIERRA WAY
PORT RICHEY FL 34668

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

600004083996--5
-04/27/01--01027--018
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
HANNAMAN, ROY
105 87TH AVENUE, NORTH
ST. PETERSBURG FL 33702

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *William A. Grow, Jr.* William A. Grow, Jr., MGRM

04/17/01

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

Date

Daytime Phone #

0003555 AF

CR2E083 (11/00)