2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
01 APR 16 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000003048

1. Entity Name
STORAGE PLUS, L.C.

Principal Place of Business	Mailing Address
30 RICHMOND DRIVE NEW SMYRNA BEACH FL 32169	30 RICHMOND DRIVE NEW SMYRNA BEACH FL 32169

2. Principal Place of Business		3. Mailing Address	
3750 West 1st Street		P.O. Box 471236	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sanford, FL		City & State: Lake Monroe, FL	
Zip: 32771	Country: U.S.	Zip: 32747	Country: U.S.

4. FEI Number: 59-3598688 ☐ Applied For ☐ Not Applicable

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
RENZULLI, LANCE 18 ROBINWOOD DRIVE LONGWOOD FL 32779	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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-04/24/01--01110--012
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: RENZULLI, RODGER STREET ADDRESS: 30 RICHMOND DRIVE CITY-ST-ZIP: NEW SMYRNA BEACH FL 32169	☐ Delete	TITLE: MGRM NAME: Renzulli, Rodger STREET ADDRESS: 3750 West 1st Street CITY-ST-ZIP: Sanford, FL 32771	☒ Change ☐ Addition
TITLE: MGRM NAME: RENZULLI, LANCE STREET ADDRESS: 18 ROBINWOOD DRIVE CITY-ST-ZIP: LONGWOOD FL 32779	☐ Delete	TITLE: MGRM NAME: Renzulli, Lance STREET ADDRESS: 3750 West 1st Street CITY-ST-ZIP: Sanford, FL 32771	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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 3/28/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #