

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003370**

1. Entity Name

**BELLEAIR STORAGE, L.L.C.**

FILED

00 JAN 18 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1115 PONCE DE LEON BLVD.  
BELLEAIR FL 33756

Mailing Address

1115 PONCE DE LEON BLVD.  
BELLEAIR FL 33756-1040

**1115 PONCE DE LEON BLVD**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**BELLEAIR, FL**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-358-4256**

Applied For

Not Applicable

Zip

**33756**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

**A**

**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOUMEY, MARGARET W**  
**1115 PONCE DE LEON BLVD.**  
**BELLEAIR FL 33756**

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

**MARGARET W. TOUMEY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-5-99**

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS **TOUMEY, MARGARET W**  
CITY-ST-ZIP **1115 PONCE DE LEON BLVD.**  
**BELLEAIR FL 33756**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**9000003112449--9**  
**-01/27/00--01/28/00**  
**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

**MARGARET W. TOUMEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

**1-12-2000 727-584-3575**