

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005533

1. Entity Name

THE STORAGE HOUSE, L.L.C.

FILED

00 JAN 24 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3495 5TH AVENUE NORTH
ST PETERSBURG FL 33713

Mailing Address

3495 5TH AVENUE NORTH
ST PETERSBURG FL 33713-9010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3596721

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

INGALLS, CHESTER W
3495 5TH AVENUE NORTH
ST PETERSBURG FL 33713

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/MEMBERS

TITLE MGR
NAME MORTON, BRIAN S
STREET ADDRESS 3495 5TH AVENUE NORTH
CITY-ST-ZIP PINELLAS CITY FL ☐ Delete

TITLE MGR
NAME MORTON, CAROLINE N
STREET ADDRESS 3495 5TH AVENUE NORTH
CITY-ST-ZIP PINELLAS CITY FL ☐ Delete

TITLE MGR
NAME INGALLS, CHESTER W
STREET ADDRESS 3495 5TH AVENUE NORTH
CITY-ST-ZIP PINELLAS CITY FL ☒ 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 MGR
NAME BRIAN S. MORTON-HICKS
STREET ADDRESS 2801 SKIMMER POINT DRIVE
CITY-ST-ZIP GULFPORT FL 33707 ☒ Change ☐ Addition

TITLE MGR
NAME CAROLINE M. MORTON-HICKS
STREET ADDRESS 2801 SKIMMER POINT DRIVE
CITY-ST-ZIP GULFPORT FL 33707 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 300003119412 ☒ Change ☐ Addition
-02/01/00--01122--019
*****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

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: *Carol M. Morton-Hicks* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

727-344-2062