

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0018487 AF

DOCUMENT # L99000005533

1. Entity Name
THE STORAGE HOUSE, L.L.C.

01 APR 20 AM 9:54

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



2. Principal Place of Business
1219, 49TH ST. STH
Suite, Apt. #, etc.

3. Mailing Address
1219, 49TH ST. STH
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
GULFPORT, FLORIDA
Zip 33707 Country USA

City & State
GULFBRT, FLORIDA
Zip 33707 Country USA

4. FEI Number 59-3596721

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee 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 BRIAN MORTON-HICKS
Street Address (P.O. Box Number is Not Acceptable)
1219, 49TH ST. STH
City GULFPORT FL Zip Code 33707

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 *Brian Morton-Hicks*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/14/01

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 2901 SKIMMER POINT DRIVE
CITY-ST-ZIP GULFPORT FL 33702 ☐ Delete

TITLE MGR
NAME MORTON, CAROLINE N
STREET ADDRESS 2901 SKIMMER POINT DRIVE
CITY-ST-ZIP GULFPORT FL 33702 ☐ 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 PRESIDENT
NAME BRIAN S. MORTON-HICKS ☒ Change ☐ Addition
STREET ADDRESS 1219, 49TH ST. STH.
CITY-ST-ZIP GULFPORT FL 33707

TITLE DIRECTOR
NAME CAROLINE MORTON-HICKS ☒ Change ☐ Addition
STREET ADDRESS 1219, 49TH ST. STH.
CITY-ST-ZIP GULFPORT, FL 33707

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: *Brian Morton-Hicks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone # 727-327-9598

CR2E083 (1/1/00)