

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009380

1. Entity Name

GOVSTOREUSA, L.L.C.

Principal Place of Business

4400 140th Ave N. Ste 250  
Clearwater, FL 33762

Mailing Address

P.O. Box 17358  
Clearwater, FL 33762-0358

2. Principal Place of Business

4400 140th Ave N  
Suite, Apt. #, etc.  
250

3. Mailing Address

P.O. Box 17358

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33762

Country

Pinellas

Zip

33762-0358

Country

Pinellas

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Martin L Poas  
4400 140th Ave N. Ste 250  
Clearwater FL 33762

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	D/C/T	MGR	<input type="checkbox"/> Delete
NAME	Martin L. Poas		
STREET ADDRESS	4400 140th Avenue N., Suite 250		
CITY-ST-ZIP	Clearwater, FL 33762		
TITLE	D/S	MGR	<input type="checkbox"/> Delete
NAME	Diane R. Poas		
STREET ADDRESS	4400 140th Avenue N., Ste. 250		
CITY-ST-ZIP	Clearwater, FL 33762		
TITLE	D/P	MGR	<input type="checkbox"/> Delete
NAME	Thomas W. Straub		
STREET ADDRESS	4400 140th Avenue N., Ste. 250		
CITY-ST-ZIP	Clearwater, FL 33762		
TITLE	D/CFO/V	MGR	<input type="checkbox"/> Delete
NAME	William A. Scott		
STREET ADDRESS	4400 140th Avenue N., Ste. 250		
CITY-ST-ZIP	Clearwater, FL 33762		
TITLE	D/V	MGR	<input type="checkbox"/> Delete
NAME	Alan E. Higgins		
STREET ADDRESS	4400 140th Avenue N., Ste. 250		
CITY-ST-ZIP	Clearwater, FL 33762		
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400003269744--9
CITY-ST-ZIP	-05/30/00--01016--017
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	*****50.00 *****50.00
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

William A. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/13/00

Date

727-524-8663

Daytime Phone #

CR2E083 (11/99)