

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90010 014 ***158.75

DOCUMENT # **MLA514**

1. Entity Name

STORAGECRAFT, INC. ✓

DO NOT WRITE IN THIS SPACE

818887

2. Principal Place of Business

2732 W. ORANGE BLOSSOM TRAIL

Suite, Apt. #, etc.

3. Mailing Address

25 INDUSTRIAL BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLYMOUTH, FLORIDA

City & State

PAOLI, PA.

4. FEI Number

59-2862724

Applied For

Not Applicable

Zip

32768-5220

Country

USA

Zip

19301

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JONATHAN T. MARKS

Street Address (P.O. Box Number is Not Acceptable)

2732 WEST ORANGE BLOSSOM TRAIL

City

PLYMOUTH

FL

Zip Code

32768

**DO NOT WRITE
IN THIS SPACE**

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

1/22/2002

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PRESIDENT
RONALD J. MILLER
25 INDUSTRIAL BLVD.
PAOLI, PA. 19301**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SUP. CFO
JONATHAN T. MARKS
25 INDUSTRIAL BOULEVARD
PAOLI, PA. 19301**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SECRETARY
MARGE MILLER
25 INDUSTRIAL BLVD.
PAOLI, PA. 19301**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

NAME

STREET ADDRESS

CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

JONATHAN T. MARKS CFO

1/22/2002

Date

Daytime Phone #

CR2E034B (12/01)