

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

02-10-2002 90046 010 \*\*\*150.00

**DOCUMENT # M96726**

1. Entity Name

**FLORANADA WAREHOUSE AND STORAGE, INC.**

Principal Place of Business

**1100 NE 45TH ST  
 FT LAUDERDALE FL 33334**

Mailing Address

**1100 NE 45TH ST  
 FT LAUDERDALE FL 33334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0072882**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DEUSCHLE, JAY  
 1100 NE 45TH STREET  
 FT LAUDERDALE FL 33334**

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

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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 **DP** ☐ Delete  
 NAME **DEUSCHLE, JAY B.**  
 STREET ADDRESS **1100 NE 45TH STREET**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE **VD** ☐ Delete  
 NAME **SHAMBURGER, JULIE D**  
 STREET ADDRESS **14088 STATE HWY. 180**  
 CITY-ST-ZIP **GULF SHORES FL 36542**

TITLE **SD** ☐ Delete  
 NAME **CECERE, JESSICA D**  
 STREET ADDRESS **9895 CONDOR COURT**  
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **TD** ☐ Delete  
 NAME **DEUSCHLE, JEFFERY C**  
 STREET ADDRESS **1100 NE 45 TH STREET**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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 Block 12 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

*SIGNATURE*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/21/02**  
 Date

**954-771-7892**  
 Daytime Phone #

CR2E034 (9/01)