

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001136

1. Entity Name

NATIONWIDE WAREHOUSE & STORAGE, LLC

Principal Place of Business

6420 ATLANTIC BLVD., SUITE #130
NORCROSS GA 30071

Mailing Address

6420 ATLANTIC BLVD., SUITE #130
NORCROSS GA 30071

2. Principal Place of Business

6420 Atlantic Blvd
Suite, Apt. #, etc.
Ste #130

3. Mailing Address

6420 Atlantic Blvd
Suite, Apt. #, etc.
Ste #130

City & State

Norcross, GA

Zip
30071

Country

United States

City & State

Norcross, GA

Zip
30071

Country

United States

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

4. FEI Number

58-2417336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

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 ☐ Delete
NAME NATIONWIDE STORAGE CORPORATION, INC.
STREET ADDRESS 6410 ATLANTIC BLVD., SUITE #180
CITY-ST-ZIP NORCROSS GA 30071

TITLE MGR ☐ Delete
NAME PRESCOTT, CHRISTOPHER
STREET ADDRESS 6420 ATLANTIC BLVD., SUITE 130
CITY-ST-ZIP NORCROSS GA 30071

TITLE MGR ☐ Delete
NAME BAUSER, WILLIAM
STREET ADDRESS 6420 ATLANTIC BLVD., SUITE 130
CITY-ST-ZIP NORCROSS GA 30071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

APPROVED
AND
FILED

01 MAY 14 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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770-446-5473