

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90188 001 *****8.75
 05-14-2002 90188 002 ***150.00

DOCUMENT # P00000028523

1. Entity Name

HOMOSASSA STORAGE INC.

Principal Place of Business

**11927 W. TIMBERLANE DR.
 HOMOSASSA FL 34448**

Mailing Address

**11927 W. TIMBERLANE DR.
 HOMOSASSA FL 34448**

2. Principal Place of Business

8787 So. SUNCOAST Blvd

3. Mailing Address

8787 So. SUNCOAST Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMOSASSA, FL.

City & State

(FL) HOMOSASSA, FL.

Zip

34446

Country

CITRUS

Zip

34446

Country

CITRUS

4. FEI Number

65-0987958

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HOLT, CHARLES A

**11927 W. TIMBERLANE DR.
 HOMOSASSA FL 34448**

7. Name and Address of New Registered Agent

Name

HOLT, CHARLES A.

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

8787 So. SUNCOAST BLVD

City

HOMOSASSA

FL

Zip Code

34446

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 **PATRICIA Z. HOLT**

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

(NOTE: Registered Agent signature required when reinstating)

4-19-02

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOLT, CHARLES A 11927 W. TIMBERLANE DR. HOMOSASSA FL 34448	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINKE, RODNEY R 3856 MCKAY CREEK DR. LARGO FL 33770-4566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FINKE, CHERYL D 3856 MCKAY CREEK DR. LARGO FL 33770-4566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOLT, PATRICIA Z 11927 W. TIMBERLANE DR. HOMOSASSA FL 34448	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **PATRICIA Z. HOLT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02

Date

352) 392-1393

Daytime Phone #

CR2E034 (9/01)