

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000045257**

1. Entity Name

E.S.B. STORAGE, INC.FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 14 PM 2:07

Principal Place of Business

Mailing Address

4601 SHERIDAN STREET STE 505
HOLLYWOOD FL 330214601 SHERIDAN STREET STE 505
HOLLYWOOD FL 330211325 Ponce de Leon DR
FORT LAUDERDALE FL
33316Same
←

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1023485

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPENCER, WILLIAM S
4601 SHERIDAN STREET STE 505
HOLLYWOOD FL 330211325 Ponce de Leon DR
FORT LAUDERDALE, FL
33316

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS SPENCER, WILLIAM S
CITY-ST-ZIP 4601 SHERIDAN STREET STE 505 1325 Ponce de Leon
HOLLYWOOD FL 33021 FORT LAUDERDALE FL
33316TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME 400004467584
STREET ADDRESS -07/10/01--01059--016
CITY-ST-ZIP *****550.00 *****550.00TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP SP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)