

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90202 049 ***150.00

DOCUMENT # P00000045257

1. Entity Name
E.S.B. STORAGE, INC.

Principal Place of Business
**1325 PONCE DE LEON DR
 FORT LAUDERDALE FL 33316**

Mailing Address
**1325 PONCE DE LEON DR
 FORT LAUDERDALE FL 33316**

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
 1325 PONCE DE LEON DR
 FORT LAUDERDALE FL 33316**

Name

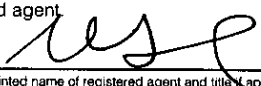
Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **SPENCER, WILLIAM S**
 STREET ADDRESS **1325 PONCE DE LEON DR**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Debit Phone #

CR2E034 (4/02)

Attachment

1325 Ponce DeLeon Drive
Fort Lauderdale, FL 33316
July 13, 2002

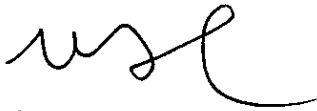
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: E.S.B. STORAGE, INC.
DOCUMENT # P00000045257

Dear Sir or Madam:

Enclosed please find a check in the sum of \$150.00 for the filing fee for the above corporation, together with the 2002 Uniform Business Report. Please be advised that the corporation has never received any prior notice to file the business report and it is my understanding that the late fee will be waived.

Sincerely,



WILLIAM S. SPENCER
President, E.S.B. STORAGE, INC.

Enc.