FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINT

## Mar 28, 2001 8:00 am Secretary of State DOCUMENT # P0000049009 1. Entity Name 03-28-2001 90196 045 \*\*\*150.00 GARAGE STORAGE CABINETS, INC. Principal Place of Business Mailing Address 819 N 31ST RD 819 N 31ST RD HOLLYWOOD FL 33302 HOLLYWOOD FL 33302 A0038606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65.1009440 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Bailey, Robert v Street Address (P.O. Box Number is Not Acceptable) 819 N 31ST RD HOLLYWOOD FL 33302 City Zip Code 8. The above narped entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 3.<u>25</u>-0 SIGNATURE Signature, typed or printed name of (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete ☐ Change TITLE TITLE BAILEY, ROBERT V NAME NAME STREET ADDRESS STREET ADDRESS 819 N 31ST RD CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33302 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME BAILEY, BRUCE E NAME STREET ADDRESS STREET ADDRESS 819 N 31ST RD CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33302 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attaching in with an address, with an other like empowered.