2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 05, 2001 08:00 AM P00000087543 DOCUMENT# 1. Entity Name **Secretary of State** STORAGEREVIEW.COM, INC. Principal Place of Business Mailing Address 8500 LAKE VISTA COURT - #9202 POST OFFICE BOX 22676 ORLANDO FL LAKE BUENA VISTA FL32821 32830 2. Principal Place of Business 3. Mailing Address 14528 GLOBAL CIRCLE #4308 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO FL <u>59-36</u>70075 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32821 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RA EUGENE 8500 LAKE VISTA COURT - #9202 Street Address (P.O. Box Number is Not Acceptable) 14528 GLOBAL CIRCLE #4308 ORLANDO FL32821 City Zip Code ORLANDO 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. 09/05/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 STD TITLE ☐ Delete TITLE ☐ Addition X Change MAME ELIGENE NAME EUGENE STREET ADDRESS 8500 LAKE VISTA COURT - #9202 STREET ADDRESS 14528 GLOBAL CIRCLE #4308 CITY-ST-ZIP ORLANDO FL 32821 CITY-ST-ZIP 32821 ☐ Delete PD TITLE PD X Change NAME SHERER DAVIN NAME SHEARER DAVIN STREET ADDRESS 983 CHESTNUT MANOR CORUT STREET ADDRESS 983 CHESTNUT MANOR CT CITY-ST-ZIP BALTIMORE MD 21226 CITY-ST-ZIP BALTIMORE MD 21226 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CR2E034 (11/00)

SIGNATURE: Eugene Ra
STD 09/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #