


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

04-30-2003 90164 040 ***150.00

DOCUMENT # P01000009278	
1. Entity Name COMMUNITY STORAGE, INC.	

Principal Place of Business 1633 PERIWINKLE WAY, STE. A SANIBEL FL 33957	Mailing Address 1633 PERIWINKLE WAY, STE. A SANIBEL FL 33957
--	--

55052225

2. Principal Place of Business 1040 Morningside Drive	3. Mailing Address 1040 Morningside Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State Naples, FL 34103	City & State Naples, FL 34103	4. FEI Number 65-1077992	Applied For <input type="checkbox"/> Not Applicable
Zip 34103	Country Collier	Zip 34103	Country Collier
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MURTY, TIMOTHY J 1633 PERIWINKLE WAY, STE. A SANIBEL FL 33957		7. Name and Address of New Registered Agent Name Gary M. Wilson Street Address (P.O. Box Number is Not Acceptable) 1040 Morningside Drive City Naples, FL Zip Code 34103	
---	--	---	--

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  **Gary M. Wilson** DATE **04/08/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, KEITH <input checked="" type="checkbox"/> Delete 5420 HARBOUR CASTLE DR. FT. MYERS FL 33907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph R. Cant, Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1040 Morningside Drive (NEW) Naples, FL 34103 (President)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gary M. Wilson, V. Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1040 Morningside Drive (NEW) Naples, FL 34103 (Vice President)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Gary M. Wilson** DATE **04/08/03** 239-261-1884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)



Attachment

55052225

1701000009278

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

May 12, 2003

COMMUNITY STORAGE, INC.
1040 MORNINGSIDE DRIVE
NAPLES, FL 34103

Subject: **COMMUNITY STORAGE, INC.**

Reference Number: **P01000009278**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/MF
ANNUAL REPORTS SECTION

PLEASE NOTE: I just returned from a lengthy out of town business trip and found this in my mail box. I was dismayed to learn that my annual report was not accepted and that I am now in the penalty period for non filing. I hope that this filing and correction/and or additions is correct and acceptable and that you will accept this filing and wave the penalty. "I DID THE BEST I COULD" Thanking you in advance.

Gary M. Wilson
Community Storage, Inc.

Division of Corporations - P.O. BOX 1500 - Tallahassee, Florida 32302