

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90051 013 ***150.00

DOCUMENT # P01000024049

1. Entity Name
FLORIDA FILE STORAGE, INC.



Principal Place of Business
**2402 CLARK ST.
SUITE B
APOPKA FL 32703**

Mailing Address
**1755 SWEETWATER WEST CIRCLE
APOPKA FL 32712**



2. Principal Place of Business

3. Mailing Address

613 GOLDEN DAWN LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
APOPKA, FL.

4. FEI Number **59-3716427**

Applied For

Not Applicable

Zip

Country

Zip
32712

Country
USA

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

**BOOTH, ELEANOR A
1755 SWEETWATER WEST CIRCLE
APOPKA FL 32712**

Name **DENNIS M. BOOTH**

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

613 GOLDEN DAWN LANE

City **APOPKA**

FL

Zip Code
32712

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] **DENNIS BOOTH**

1-10-03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐ **\$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
**DST
BOOTH, ELEANOR A
1755 SWEETWATER WEST CIRCLE
APOPKA FL 32712** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BOOTH, DENNIS M
613 GOLDEN DAWN LANE
APOPKA FL 32712** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **DENNIS BOOTH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03
Date

Daytime Phone #

CR2E034 (10/02)