

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2002 8:00 am**  
**Secretary of State**

02-08-2002 90020 024 \*\*\*150.00

**DOCUMENT # P01000047906**

1. Entity Name  
**BOYETTE STORAGE PARTNERS INC.**

Principal Place of Business

**1504 E BEARSS AVE  
 LUTZ FL 33549**

Mailing Address

**1504 E BEARSS AVE  
 LUTZ FL 33549**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4815 E Busch BLVD**

3. Mailing Address

**4815 E. Busch BLVD**

Suite, Apt. #, etc.

**Suite 205**

Suite, Apt. #, etc.

**Suite 205**

City & State

**Tampa FL**

City & State

**Tampa Florida**

4. FEI Number

**59 3718388**

Applied For

Not Applicable

Zip

**33617**

Country

Zip

**33617**

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**TOOLE, DANA G  
 253 PINWOOD DR  
 TALLAHASSEE FL 32303-8510**

7. Name and Address of New Registered Agent

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.

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 \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERREIRA, RANDY X	
STREET ADDRESS	1504 E BEARSS AVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RAIRIGH, RAYMOND	
STREET ADDRESS	1504 E BEARSS AVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ROSEMAN, RONALD	
STREET ADDRESS	1504 E BEARSS AVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4815 E Busch BLVD	
CITY-ST-ZIP	Suite 205 Tampa FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 or other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/23/02**

Daytime Phone #

CR2E034 (9/01)