

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/3

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90049 036 \*\*\*150.00

**DOCUMENT # P01000076310**

1. Entity Name

**STORAGE UNLIMITED, INC.**

Principal Place of Business

Mailing Address

17515 COUNTY ROAD #448  
 MOUNT DORA FL 32757

17515 COUNTY ROAD #448  
 MOUNT DORA FL 32757

04034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SPIEGEL & UTRERA, P.A.**  
 1840 SOUTHWEST 22ND STREET  
 4TH FLOOR  
 MIAMI FL 33145

Name **WARD A. CHEEK**  
 Street Address (P.O. Box Number is Not Acceptable)  
**17515 COUNTY ROAD #448**  
 City **MOUNT DORA, FL** Zip Code **32757**

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)

4/9/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME **PD CHEEK, WARD A** ☐ Delete  
 STREET ADDRESS **17515 COUNTY ROAD #448**  
 CITY-ST-ZIP **MOUNT DORA FL 32757**

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

TITLE NAME **VD (MISPELLED) COISSY, JAMES L** ☐ Delete  
 STREET ADDRESS **17515 COUNTY ROAD #448**  
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE NAME **GISSY, JAMES L.** ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME **ST PRINGLE, APRIL L** ☐ Delete  
 STREET ADDRESS **17515 COUNTY ROAD #448**  
 CITY-ST-ZIP **MOUNT DORA FL 32757**

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
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TITLE NAME ☐ Delete  
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TITLE NAME ☐ Change ☐ Addition  
 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

Date

352-735-2506

Daytime Phone #

CR2E034 (9/01)