FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-17-2003 90629 042 ***150.00

FILED

03 MAY -1 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P02000003543

1. Entity Name

CROSS COUNTRY VAN & STORAGE OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
12650 WESTLINKS DRIVE	2650 WESTLINKS DRIVE
Suite, Apt. #, etc. BLDG. 4 UNIT 1	Suite, Apt. #, etc. BLDG. 4 UNIT 1
City & State FORT MYERS, FL	City & State FORT MYERS, FL
Zip / Country 33913 / USA	Zip / Country 33913 /

4. FEI Number 01-0549464 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JIMMY D. COBURN

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

12650 WESTLINKS DRIVE, BLDG. 4 UNIT 1

City FORT MYERS, FL Zip Code 33913

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] JIMMY D. COBURN 04/02/2003

(Signature of current registered agent and title if applicable) (PRINT: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

#150.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE MGRP NAME STREET ADDRESS CITY-ST-ZIP	P,D JIMMY D. COBURN 12650 WESTLINKS DRIVE, BLDG. 4 UNIT 1 FORT MYERS, FL 33913
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE [signature] President 4-14-03 239-561-6911

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