

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

04-28-2003 90958 045 ***150.00

DOCUMENT # P02000093229

1. Entity Name

FLORIDA STORAGE PARTNERS, INC.



Principal Place of Business
104 NORTH CHURCH STREET
KISSIMMEE FL 34741-5055

Mailing Address
104 NORTH CHURCH STREET
KISSIMMEE FL 34741-5055

33042443



2. Principal Place of Business
5728 Major Blvd

3. Mailing Address
5728 Major Blvd

Suite, Apt. #, etc.

Suite 185

Suite, Apt. #, etc.

Suite 185

City & State

Orlando FL

City & State

Orlando FL

Zip

32819

Country

USA

Zip

32819

Country

USA

☒ CHECK HERE IF MAKING CHANGES

20-0012921

4. FEI Number

20-0012921

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

MARK, BRIAN M ESQ.
104 NORTH CHURCH STREET
KISSIMMEE FL 34741-5055

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD President
CAWAL, MAX
104 NORTH CHURCH STREET
KISSIMMEE FL 34741-5055

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Bennet H. Grotman Treasurer
5728 Major Blvd Suite 185
Orlando FL 32819

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5728 Major Blvd Suite 185
Orlando FL 32819

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ 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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/02)