

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000105300

1. Entity Name
LOK-BOX STORAGE, INC.



Principal Place of Business
801 LAKE SEBRING DRIVE
SEBRING FL 33870

Mailing Address
801 LAKE SEBRING DRIVE
SEBRING FL 33870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DISLER, MICHAEL M
329 SOUTH COMMERCE AVENUE
SEBRING FL 33870

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael Disler
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/28/03

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 PD
SECOR, MICHAEL ☐ Delete
STREET ADDRESS P.O. BOX 1449
CITY-ST-ZIP SEBRING FL 33871

TITLE, NAME TD
DISLER, MICHAEL M ☐ Delete
STREET ADDRESS 329 SOUTH COMMERCE AVENUE
CITY-ST-ZIP SEBRING FL 33870

TITLE, NAME SD
DISLER, MICHAEL M ☐ Delete
STREET ADDRESS 329 SOUTH COMMERCE AVENUE
CITY-ST-ZIP SEBRING FL 33870

TITLE, NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE, NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE, NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: Michael Disler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03 863 385-5786
Date Daytime Phone #

CR2E034 (10/02)