

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000108785

1. Entity Name
PORTABLE STORAGE UNITS INC.



Principal Place of Business
6000 ULMERTON RD
CLEARWATER, FL 33760

Mailing Address
6000 ULMERTON RD
CLEARWATER, FL 33760



03182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0783970

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHADDOCK, SCOTT T
11601 4 ST N #4604
ST PETERSBURG, FL 33716

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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
DP
CHADDOCK, SCOTT T
11601 4 ST N #4604
ST PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000306378
04/15/05-80012-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05

Date

727 579 0214

Daytime Phone #