

2603

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90217 029 ***150.00

DOCUMENT # P02000108785

1. Entity Name

PORTABLE STORAGE UNITS INC. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6000 ULMERTON RD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33760

Country

PINELLAS

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

SCOTT CHADDOCK

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

11601 4TH ST. N #4604

City

ST. PETERSBURG

FL

Zip Code

33716

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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

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

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
P
SCOTT CHADDOCK
11601 4TH ST. N # 4604
ST. PETERSBURG FL 33716

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

(727) 579 0214

Daytime Phone #

CR2E034B (12/02)