

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000013839**

1. Entity Name

U-LOCK-IT STORAGE, INC.



Principal Place of Business

1166 ANGLE ROAD  
FT PIERCE FL 34947  
US

Mailing Address

1166 ANGLE ROAD  
FT PIERCE FL 34947

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

65-0376301

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

JONES, GEORGE R  
2740 COOLIDGE RD.  
FT. PIERCE FL 34945

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

*George R Jones*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

*Feb 21, 2004*

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
P  
JONES, GEORGE R  
STREET ADDRESS  
2470 COOLIDGE RD.  
CITY- ST- ZIP  
FT. PIERCE FL 34945

TITLE NAME ☐ Change ☐ Addition  
000000084004  
02/23/04-80184-021 150.00

TITLE NAME ☐ Delete  
V  
BAUER, DENNIS  
STREET ADDRESS  
3807 SE REVERE CT  
CITY- ST- ZIP  
PT ST LUCIE FL

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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 empowered.

SIGNATURE:

*George R Jones* George R. Jones

DATE

*Feb 21, 2004*

Daytime Phone #

*(772) 370-4582*