2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

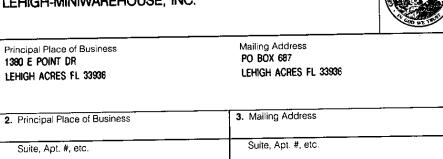
P95000037743 DOCUMENT



Mar 24, 2003 8:00 am Secretary of State 03-24-2003 90134 018 ***150.00

FILED

1. Entity Name LEHIGH-MINIWAREHOUSE, INC.		
Principal Place of Business	Mailing Address PO BOX 687	



LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936					
2. Principal Pla	ace of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0601782 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
	O. Marile and Addition of Carron		Nam	me	
LORENZ, SIGFRIED		Stree	Street Address (P.O. Box Number is Not Acceptable)		
420 LEE B	LVD Cres FL 33936				
			City	· -	
the obligation	ons of registered agent.			ice or registered agent, or both, in the State of Florida. I am familiar with, and accept signature required when reinstating)	
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department) of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD LORENZ, SIEGFRIED 420 LEE BLVD LEHIGH ACRES FL 33936	Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP		
TITLE NAME STREET ADDRESS	ELITORY MONES TE SOUR	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		☐ Delet	NAME STREET ADDR	i e e e e e e e e e e e e e e e e e e e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delet		DRESS Change Addition	
0111-01-211	 		7171.5	☐ Change ☐ Addition	

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 eath; 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

Delete

239-368-2996