2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2002	UNIFOR	M BUSI	NESS REPO	ORT	(UBR)	 1	Feb 03, 2	[LE] 2002		0 am	
1. Entity Name			P95000060002				Secretary of State 02-03-2002 90009 033 ***150.00				
TURNER	STORAGE, IN	C.					02-03-2002 9	90009 03	3 ***150).00	
Principal Place 560 NW 27 A' FT LAUDERDA	VE	,	Mailing Address P. O. BOX 9561 CORAL SPRINGS FL 33075 US								
2. Principal Pl	ace of Business		3. Mailing Address				{		III ob iil ookii k	18179 HAL 1881	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	9		City & State				65-0596480			plied For t Applicable	
Zip	Zip Country		Zip Cou		try	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Ad	dress of Current Re	egistered Agent			7. N	lame and Address of New Re	gistered Ag	ent		
BRONNENBERG, SANDRA 560 NW 27 AVENUE						Name Street Address (P.O. Box Number is Not Acceptable)					
FORT LAUDERDALE FL 33311		311							Zip Code		
				City				FL	Zip Code	-	
8. The above	named entity submi	s this statement for the	he purpose of changing i	ts registere	ed office or regis	stered ag	ent, or both, in the State of Flori	ua.			
SIGNATURE _	Signature, typed or printed	name of registered agent and	title if applicable. (NC	OTE: Registere	d Agent signature requ	uired when re	sinstating)	DATE			
Tax filing r	pration is eligible to see equirement and elec		FILE NOW After May 1, 2 Make Check Pays	002 Fee			10. Election Campaign Fina Trust Fund Contribution.			0 May Be I to Fees	
· .	ria on back)	OFFICERS AND DI		12.	spartinent or c		DITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTORS	3 IN 11	
11. TITLE NAME	STD BRONNENBERG	, SANDRA	☐ Defete	TITL	1E	,,,,			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	560 NW 27 AVE FT LAUDERDAL			•	EET ADDRESS '-ST-ZIP						
TITLE NAME	PD Turner, curt	s	☐ Delete	TITL	I		•		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	560 NW 27 AVE			STRE	EET ADDRESS (-ST-ZIP						
TITLE	VD	-	☐ Delete	TITL			<u></u>	-	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Bronnenbero 560 NW 27 AVE Ft Lauderdal			STRE	EET ADDRESS '-ST-ZIP						
TITLE	TT EXODERDAL	<u> </u>	☐ Delete	TITL	E				Change	☐ Addition	
NAME STREET ADDRESS					eet address						
CITY-ST-ZIP TITLE			Delete	TITL	(-ST-ZIP E		.,4,***		☐ Change	☐ Addition	
NAME STREET ADDRESS	!		_ 55.00		ME EET ADDRESS 7-ST-ZIP						
CITY-ST-ZIP TITLE			☐ Delete	TITL	E .				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				STRI	EET ADDRESS Y~ST-ZIP						
indicated of the cor	I on this report or sup rooration or the rece	oplemental report is to ver or trustee empove	rue and accurate and the	it my signa ort as requ	sturo chall nave 1	the came	119.07(3)(i), Florida Statutes. I legal effect as if made under oi ida Statutes; and that my name	ami man rac	n an onicei	or unector	