

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000039185**

1. Entity Name

**BUCKEYE STORAGE, INC.****FILED****Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90037 018 \*\*\*150.00

Principal Place of Business

7825 S. GEORGE BLVD.  
SEBRING FL 33872  
US

Mailing Address

P.O. BOX 1072  
LAKE PLACID FL 33862  
US

2. Principal Place of Business

3. Mailing Address

7825 S. George Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Sebring, FL

Zip

33875

Country

Zip

33875

Country

4. FEI Number 59-3380250

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

JACKSON, ANDREW B  
150 N COMMERCE  
SEBRING FL 33871

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete  
NAME CRONISER, JOANNE M  
STREET ADDRESS 3024 JACARANDA AVE.  
CITY-ST-ZIP LAKE PLACID FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VPS ☐ Delete  
NAME DEWEY, DONALD  
STREET ADDRESS 115 BOUGAINVILLEA STEET N.E.  
CITY-ST-ZIP LAKE PLACID FL 33852TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne M. Croniser 4-09-01 863-386-0500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)