

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000067629

1. Entity Name

CENTRAL STORAGE OF ORLANDO, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90065 014 ***150.00

Principal Place of Business

4508 S VINELAND RD
ORLANDO FL 32811
US

Mailing Address

4498 S VINELAND RD
ORLANDO FL 32811-7334

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

120 N. Spring Lake Drive

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

4. FEI Number

59-3400318

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

CHASE, BRADLEY R
4498 S VINELAND ROAD
ORLANDO FL 32811

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, 2000 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 DP ☐ Delete
NAME CHASE, BRADLEY R
STREET ADDRESS 120 N SPRING LAKE DR
CITY-ST-ZIP ALTAMONTE SPRGS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME CHASE, LYNDE
STREET ADDRESS 120 N SPRING LAKE DR
CITY-ST-ZIP ALTAMONTE SPRGS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MESSER, CARL R
STREET ADDRESS 2131 PONTIAC ROAD
CITY-ST-ZIP AUBURN HILLS MI

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SCHELL, ARTHUR L
STREET ADDRESS 730 PINELLAS BAYWAY
CITY-ST-ZIP TIERRA VERDE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 730 Pinellas Bayway
CITY-ST-ZIP Tierra Verde, FL 33715

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/00

407-246-1567

CR2E034 (9/99)