


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90356 021 \*\*\*158.75

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<b>DOCUMENT #</b> P96000082788	
<b>1. Entity Name</b> STORAGE CENTER, INC.	

<b>Principal Place of Business</b> 500 S. FLORIDA AVE. STE. 700 LAKELAND FL 33801	<b>Mailing Address</b> <del>1005 SOUTH FLORIDA AVE</del> LAKELAND FL 33803
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> PO Box 5252	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Lakeland FL	
Zip	Country	Zip 33807-5252	Country

<b>4. FEI Number</b> 59-3405813	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

☐ CHECK HERE IF MAKING CHANGES

<b>6. Name and Address of Current Registered Agent</b>	
CLARK, RONALD L 500 SOUTH FLORIDA AVE, STE. 800 LAKELAND FL 33801	

<b>7. Name and Address of New Registered Agent</b>	
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAXWELL, LAWRENCE T 500 SOUTH FLORIDA AVE., STE. 700 LAKELAND FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** Lawrence T Maxwell **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E034 (10/02)