

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90280 032 \*\*\*150.00

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**DOCUMENT # P97000047021**

1. Entity Name

**PARLIAMENT STORAGE, INC.**



Principal Place of Business  
**4501 ULMERTON RD  
CLEARWATER FL 34622**

Mailing Address  
**13790 ROOSEVELT BLVD  
CLEARWATER FL 33764**

2. Principal Place of Business

3. Mailing Address

**13790 B Roosevelt Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Clearwater, FL**

Zip

Country

Zip

Country

**33762**

**USA**

4. FEI Number

**59-3448708**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CROWDER, J M  
6101 WISTERIA LOOP  
LAND O LAKES FL 34639**

7. Name and Address of New Registered Agent

Name

**STEVE MITCHELL**

Street Address (P.O. Box Number is Not Acceptable)

**13790 B ROOSEVELT BLVD.**

City

**CLEARWATER**

FL

Zip Code

**33762**

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

*Steven J. Mitchell*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **CHRISTIANO, EDWARD J**  
STREET ADDRESS **13790 ROOSEVELT BLVD**  
CITY-ST-ZIP **CLEARWATER FL 34622**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition  
NAME **Steve Mitchell**  
STREET ADDRESS **13790 B Roosevelt Blvd.**  
CITY-ST-ZIP **Clearwater, FL 33762**

TITLE **ST** ☐ Change ☒ Addition  
NAME **Pat Mitchell**  
STREET ADDRESS **13790 B Roosevelt Blvd.**  
CITY-ST-ZIP **Clearwater, FL 33762**

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

*Steven J. Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/29/03 727-571-1899**

CR2E034 (10/02)