

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90423 032 \*\*\*150.00

**DOCUMENT # P97000070481**

1. Entity Name

**MASTERKEY STORAGE OF DUNEDIN, INC.**



Principal Place of Business  
**28059 US HWY. 19 N. STE. 100**  
**CLEARWATER FL 33761**

Mailing Address  
**28059 US HWY. 19 N. STE. 100**  
**CLEARWATER FL 33761**

2. Principal Place of Business

**1531 Heather Ridge Boulevard**  
Suite, Apt. #, etc.

3. Mailing Address

**1531 Heather Ridge Blvd.**  
Suite, Apt. #, etc.

City & State

**Dunedin, FL**

City & State

**Dunedin, FL**

Zip

**34698**

Country

**USA**

Zip

**34698**

Country

**USA**

4. FEI Number

**59-3463742**

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

**KIMPTON, WILLIAM J**  
**28059 US HWY. 19 NORTH**  
**STE 100**  
**CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

**ALTOBELLI, Joan**

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

**1531 Heather Ridge Boulevard**

City

**Dunedin**

**FL**

Zip Code

**34698**

I, 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

*Joan Altobelli*

**Joan Altobelli**

**1-9-03**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP GRAMMATICO, J.B. 28059 US HWY 19 NO #100 CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KIMPTON, WILLIAM J 28059 US HWY 19 NO #100 CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT KIMPTON, JOAN S 28059 US HWY 19 NO #100 CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRAMMATICO, J.B. 2580 Ellsworth Road West Ann Arbor, MI 48108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ALTOBELLI, Joan S 4701 Hickory Nut Oldsmar, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Joan S. Altobelli*

**Joan S. Altobelli, VP**

**1-9-03 727-669-5775**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)