

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2000 08:00 AM
Secretary of State

DOCUMENT # P97000086663

1. Entity Name
ODESSA STORAGE, INC.

Principal Place of Business GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG 33702	FL	Mailing Address GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG 33702	FL
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3473650

Applied For
Not Applicable

Zip Country

Zip Country

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

MASCARA ERNEST L
GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE WEST
ST PETERSBURG
33702 FL US

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)

04/14/2000

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	STD <input type="checkbox"/> Delete
NAME	RASMUS MARK
STREET ADDRESS	17693 SUMMERLIN ROAD
CITY-ST-ZIP	FT. MYERS FL 33908

TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASMUS MARK
STREET ADDRESS	17693 SUMMERLIN ROAD
CITY-ST-ZIP	FT. MYERS FL 33908

TITLE	VPD <input type="checkbox"/> Delete
NAME	WHITE LESLIE
STREET ADDRESS	1014 SILVER POINT
CITY-ST-ZIP	MURFREESBORO TN 37130

TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE LESLIE
STREET ADDRESS	1014 SILVER POINT
CITY-ST-ZIP	MURFREESBORO TN 37130

TITLE	VPD <input type="checkbox"/> Delete
NAME	GOODRICH JERRY D
STREET ADDRESS	1119 HOUNDS RUN
CITY-ST-ZIP	SAFETY HARBOR FL 34695

TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODRICH JERRY D
STREET ADDRESS	1119 HOUNDS RUN
CITY-ST-ZIP	SAFETY HARBOR FL 34695

TITLE	VPD <input type="checkbox"/> Delete
NAME	TRIGG ROBERT C
STREET ADDRESS	2104 MAGDALENE MANOR DRIVE
CITY-ST-ZIP	TAMPA FL 33613

TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIGG ROBERT C
STREET ADDRESS	2104 MAGDALENE MANOR DRIVE
CITY-ST-ZIP	TAMPA FL 33613

TITLE	PD <input type="checkbox"/> Delete
NAME	NOVAK MICHAEL TJR.
STREET ADDRESS	P.O. BOX 22095
CITY-ST-ZIP	ST PETERSBURG FL 33742

TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK MICHAEL TJR.
STREET ADDRESS	P.O. BOX 22095
CITY-ST-ZIP	ST PETERSBURG FL 33742

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael T. Novak, Jr.

PREP: 04/14/2000