

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 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 KRESS BUILDING, SUITE M-8	3. Mailing Address C/O ERNEST L. MASCARA
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Suite, Apt. #, etc. 475 CENTRAL AVENUE	Suite, Apt. #, etc. 475 CENTRAL AVENUE, SUITE M-8
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City & State ST PETERSBURG FL	City & State ST PETERSBURG FL
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Zip 33701	Country US	Zip 33701	Country US
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4. FEI Number 59-3473650	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name MASCARA ERNEST L
Street Address (P.O. Box Number is Not Acceptable) KRESS BUILDING, SUITE M-8
475 CENTRAL AVENUE
City ST PETERSBURG FL
Zip Code 33701

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 **ERNEST L. MASCARA**

03/01/2001

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RASMUS MARK 17693 SUMMERLIN ROAD FT. MYERS FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITE LESLIE 1014 SILVER POINT MURFREESBORO TN 37130 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOODRICH JERRY D 1119 HOUNDS RUN SAFETY HARBOR FL 34695 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TRIGG ROBERT C 2104 MAGDALENE MANOR DRIVE TAMPA FL 33613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVAK MICHAEL T.JR. P.O. BOX 22095 ST PETERSBURG FL 33742 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOVAK MICHAEL T.JR. P.O. BOX 266 ST PETERSBURG FL 33731 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.**

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03/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)