

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107814

1. Entity Name

PRIVATE STORAGE INCORPORATED

Principal Place of Business

Mailing Address

4601 S ORANGE BLOSSOM TR
ORLANDO FL 32839

4715 S. RIO GRANDE AVENUE
#9
ORLANDO FL 32839-1518

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OWLES, FRED
4715 S. RIO GRANDE AVENUE
#9
ORLANDO FL 32839

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)

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 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME OWLES, FRED
STREET ADDRESS 4715 S RIO GRANDE AVE #9
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

TITLE T
NAME OWLES, ALYSON M
STREET ADDRESS PO BOX 4332
CITY-ST-ZIP WINTER PARK FL 32793-4332 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐

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CITY-ST-ZIP ☐ Change ☐

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. Alyson Owles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00

Date

407-677-4005

Daytime Phone #

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90096 019 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3482621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required