

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000028977

1. Entity Name

APALACHEE PARKWAY STORAGE, INC.

Principal Place of Business

2051 TERRYWOOD DRIVE  
TALLAHASSEE FL 32311

Mailing Address

2051 TERRYWOOD DRIVE  
TALLAHASSEE FL 32311

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FOUNTAIN, WALLACE T  
3111 APALACHEE PARKWAY  
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

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, 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	P	<input type="checkbox"/> Delete
NAME	FOUNTAIN, WALLACE T	
STREET ADDRESS	2051 TERRYWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOYNER, JOHNNY	
STREET ADDRESS	3424 OLD ST. AUGUSTINE RD. # 58	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOUNTAIN, BO L	
STREET ADDRESS	3111 APALACHEE PARKWAY	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	QUIC	<input checked="" type="checkbox"/> Delete
NAME	K, THOMAS E	
STREET ADDRESS	3111 APALACHEE PARKWAY	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYNER, JOHNNY	
STREET ADDRESS	2051 TERRYWOOD DR.	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Bo L. Fountain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

(850) 402-0616

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)