

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**  
 05-30-2000 90023 028 \*\*\*150.00

**DOCUMENT # P98000093969**

1. Entity Name

**STORAGE CENTER-HARDEN, INC.**

Principal Place of Business

Mailing Address

~~1905 S. FLORIDA AVENUE~~  
~~LAKELAND FL 33803~~

1905 S. FLORIDA AVENUE  
 LAKELAND FL 33803-2655

2. Principal Place of Business

**2190 HARDEN BLVD.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKELAND, FL**

City & State

4. FEI Number

**59-3540306**

Applied For

Not Applicable

Zip

**33803**

Country

**POLK**

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

~~JONES, GOERRY R~~  
 1905 S. FLORIDA AVE.  
 LAKELAND FL ~~33803~~

Name

**JONES, R. GUERRY**

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

City

**FL**

Zip Code

**33803**

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 Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<del>HARPER, ROBERT F IV</del>	
STREET ADDRESS	<del>5742 COVEVIEW DR.</del>	
CITY-ST-ZIP	<del>LAKELAND FL 33813</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, GOERRY R	
STREET ADDRESS	1905 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETTERSON, JOHN E	
STREET ADDRESS	71 SHADOW LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMIC, STEPHEN H	
STREET ADDRESS	1905 S. FLORIDA AVE.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

*R. Guerry Jones* **R. GUERRY JONES**

Date

**4-30-00**

Daytime Phone #

**863-682-5151**

CR2E034 (9/99)