

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90008 008 ***150.00

DOCUMENT # P98000093969

1. Entity Name
STORAGE CENTER-HARDEN, INC.

Principal Place of Business
**2190 HARDEN BLVD
 LAKELAND FL 33803**

Mailing Address
**1905 S. FLORIDA AVENUE
 LAKELAND FL 33803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3540306**

Applied For

Not Applicable

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, GUERRY R
 1905 S. FLORIDA AVE.
 LAKELAND FL 33806**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **D R. GUERRY** ☐ Delete
 STREET ADDRESS **JONES, GUERRY R**
 CITY-ST-ZIP **1905 S. FLORIDA AVE.
 LAKELAND FL 33803**

TITLE
 NAME **R. GUERRY JONES** ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D PETTERSON, JOHN E** ☐ Delete
 STREET ADDRESS **71 SHADOW LANE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS **2844 PRESTWICK DR.**
 CITY-ST-ZIP

TITLE
 NAME **D HAMIC, STEPHEN H** ☐ Delete
 STREET ADDRESS **1905 S. FLORIDA AVE.**
 CITY-ST-ZIP **LAKELAND FL 33803**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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TITLE
 NAME ☐ Change ☐ Addition
 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** 2/7/01 863-682-5151
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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