2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

FILED DOCUMENT # **P98000103535** Jan 19, 2000 8:00 am **Secretary of State** CRESCENT CENTER STORAGE CORP. 01-19-2000 90286 049 ***150.00 Principal Place of Business Mailing Address 288-Z SMITH SUNDY ROAD 288-Z SMITH SUNDY ROAD DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0882605 Not Applicable Country \$8.75 Additional Zip Country 5._Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOMBACH, GEOFFREY S Street Address (P.O. Box Number is Not Acceptable) 500 EAST BROWARD BLVD. **SUITE 1950** FORT LAUDERDALE FL 33394 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Change ☐ Delete TITLE TITLE WOLF, STEVEN NAME STREET ADDRESS 288-Z SMITH SUNDY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **DELRAY BEACH FL 33446** Addition Addition ☐ Change ☐ Delete TITLE TITLE Eric Wolf 288-Z Smith Sundy Road Delray Basch, FL. 13446 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CITY-ST-ZIF ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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