

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000016142

1. Entity Name  
NEW CONCEPTS STORAGE, INC.

**FILED**  
Sep 05, 2000 8:00 am  
Secretary of State

09-05-2000 90040 045 \*\*\*550.00

Principal Place of Business  
308 STONE BRIAR CREEK DR.  
VENICE FL 34292

Mailing Address  
308 STONE BRIAR CREEK DR.  
VENICE FL 34292

**A0075056**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1155 TAMIAKI TR. So.  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 7516  
Suite, Apt. #, etc.

City & State  
North Port, FL  
Zip  
34287  
Country  
SARASOTA

City & State  
North Port, FL  
Zip  
34287  
Country  
SARASOTA

4. FEI Number  
65-0897189  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GOMOLA, BOBBY J  
308 STONE BRIAR CREEK DR.  
VENICE FL 34292

## 7. Name and Address of New Registered Agent

Name  
Robert S. Gomola  
Street Address (P.O. Box Number is Not Acceptable)  
308 Stone Briar Ck. Dr.  
City  
Venice FL Zip Code  
34292

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 Robert S. Gomola 8/31/00  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	D PIPER, ROBERT G 533 CHEVAL DR. VENICE FL 34292	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMOLA, ROBERT S 308 STONE BRIAR CREEK DR. VENICE FL 34292	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMOLA, BOBBY J 308 STONE BRIAR CREEK DR. VENICE FL 34292	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ronald Fellicott 4581 Amanda Ave North Port FL 34286	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert S. Gomola 8/31/00 (41) 426-6723  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)