

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060963

1. Entity Name

ESTERO STORAGE, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90500 001 ***450.00

Principal Place of Business

Mailing Address

22200 SEASHORE CIRCLE
ESTERO FL 33928

22200 SEASHORE CIRCLE
ESTERO FL 33928-4305

2. Principal Place of Business

3. Mailing Address

P.O. Box 1133

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ESTERO FL

4. FEI Number

65-0932591

Applied For

Not Applicable

Zip

Country

Zip

Country

33928

LEE

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name JAMES J Murtaugh II
Street Address (P.O. Box Number is Not Acceptable)

22200 Seashore Cir

City ESTERO

FL

Zip Code 33928

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-00

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 PD
NAME MURTAUGH, JAMES J
STREET ADDRESS 22200 SEASHORE CIRCLE
CITY-ST-ZIP ESTERO FL 33928 ☐ Delete

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

TITLE STD
NAME MURTAUGH, DIANE C
STREET ADDRESS 22200 SEASHORE CIRCLE
CITY-ST-ZIP ESTERO FL 33928 ☐ Delete

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

TITLE VD
NAME MURTAUGH, JAMES J II
STREET ADDRESS 22200 SEASHORE CIRCLE
CITY-ST-ZIP ESTERO FL 33928 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-00 941-267-0101

CR2E034 (9/99)