

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060963

1. Entity Name
ESTERO STORAGE, INC.

Principal Place of Business
22200 SEASHORE CIRCLE
ESTERO FL 33928

Mailing Address
PO BOX 1133
ESTERO FL 33928

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MURTAUGH, II, JAMES J
22200 SEASHORE CR.
ESTERO FL 33928

7. Name and Address of New Registered Agent

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

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

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

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ 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

4/1-01 267-0101
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

053631

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90111 048 ***150.00