

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 899000089222 ✓

1. Entity Name
On Time Industrial Storage, Inc.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90173 040 ***150.00

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address

6001 Johns Rd PO Box 260453

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 112

City & State City & State

Tampa FL Tampa FL

Zip Zip

33634 33685

Country Country

USA USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3629281 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

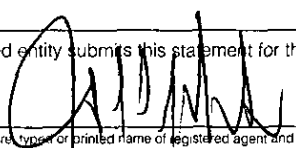
7. Name and Address of New Registered Agent

Name Jack Richardson

Street Address (P.O. Box Number is Not Acceptable) 6001 Johns Rd, Suite 235

City Tampa FL Zip Code 33634

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  DATE 4/6/00

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	Vance Vodicka <input checked="" type="checkbox"/> Delete All positions	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jack Richardson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6001 Johns Rd, Suite 235 Tampa FL 33634 President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jack Richardson <input type="checkbox"/> Delete 6001 Johns Rd, Suite 235 TPA FL 33634	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME 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:  DATE 4/6/00 (813) 494-3110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)