

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90058 008 ***150.00

DOCUMENT # P99000090496

1. Entity Name
GARNETT STORAGE, INC.

Principal Place of Business

Mailing Address

% SYLVIA GARNETT
~~4150 NW 121ST AVENUE~~
CORAL SPRINGS FL 33065-7622

% SYLVIA GARNETT
~~4150 NW 121ST AVENUE~~
CORAL SPRINGS FL 33065-7622

2. Principal Place of Business

3. Mailing Address

12101 NW 42nd Street
 Suite, Apt. #, etc.

12101 NW 42nd Street
 Suite, Apt. #, etc.

City & State
Coral Springs Fl.

City & State
Coral Springs Fl.

4. FEI Number **65-0720405**

Applied For

Not Applicable

Zip **33065** **Country** **Broward**

Zip **33065** **Country** **Broward**

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

GARNETT, JERRY
11517 N.W. 20TH COURT
CORAL SPRINGS FL 33071

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 *J. Garnett, President*

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **GARNETT, JERRY S**
STREET ADDRESS **4150 121ST AVE.**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **Jerry S. Garnett President** ☐ **Change** ☐ **Addition**
NAME **Jerry S. Garnett**
STREET ADDRESS **12101 NW 42nd Street**
CITY-ST-ZIP **Coral Springs, Fl. 33065**

TITLE **VPD** ☐ **Delete**
NAME **GARNETT, SYLVIA**
STREET ADDRESS **4150 NW 121ST AVENUE**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **Sylvia Garnett** ☐ **Change** ☐ **Addition**
NAME **Sylvia Garnett**
STREET ADDRESS **12101 NW 42nd Street**
CITY-ST-ZIP **Coral Springs Fl. 33065**

TITLE **S** ☐ **Delete**
NAME **GARNETT, PATRICIA**
STREET ADDRESS **4150 N.W. 121ST AVE.**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **Secretary** ☐ **Change** ☐ **Addition**
NAME **Patricia Garnett**
STREET ADDRESS **11300 NW 20th Dr.**
CITY-ST-ZIP **Coral Springs Fl. 33071**

TITLE **Treasurer** ☐ **Delete**
NAME **Stephen Garnett**
STREET ADDRESS **12101 NW 42nd St.**
CITY-ST-ZIP **Coral Springs Fl 33065**

TITLE **Treasurer** ☐ **Change** ☒ **Addition**
NAME **Stephen Garnett**
STREET ADDRESS **12101 NW 42nd St.**
CITY-ST-ZIP **Coral Springs Fl 33065**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)