

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090496

1. Entity Name
GARNETT STORAGE, INC.



Principal Place of Business
% SYLVIA GARNETT
12101 NW 42ND STREET
CORAL SPRINGS FL 33065
US

Mailing Address
% SYLVIA GARNETT
12101 NW 42ND STREET
CORAL SPRINGS FL 33065
US

2. Principal Place of Business
12101 NW 42nd Street
Suite, Apt. #, etc.

3. Mailing Address
10820 NW 32nd Court
Suite, Apt. #, etc.

City & State
Coral Springs, Florida
Zip
33065
Country

City & State
Coral Springs, FL
Zip
33065
Country



4. FEI Number 65-0720405

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jerry S. Garnett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/04

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARNETT, JERRY S 12101 NW 42ND STREET CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARNETT, SYLVIA 12101 NW 42ND STREET CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARNETT, PATRICIA 11300 NW 20TH DR CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARNETT, STEPHEN 12101 NW 42ND ST CORAL SPRINGS FL 33065	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jerry S. Garnett 10820 NW 32nd Ct. Coral Springs FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Garnett, Sylvia 10820 NW 32nd Ct. Coral Springs, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sic Garnett, Jerry S. 10820 NW 32nd Ct. Coral Springs FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Garnett Sylvia 10820 NW 32nd Ct. Coral Springs, FL 33065	<input checked="" 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

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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Sylvia Garnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04 954-255-5553

Daytime Phone #

CR2E034 (4/03)