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FILED

May 30, 2001 8:00 am
Secretary of State

05-03-2001 91124 040 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64533

1. Entity Name

OCALA RECORD STORAGE, INC.

Principal Place of Business

Mailing Address

PO BOX 1238
OCALA FL 34478
USPO BOX 2222
OCALA FL 34478-2222
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3138216

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

HENRY SHIRER

Street Address (P.O. Box Number is Not Acceptable)

PO BOX 2222

1734 N.E. 17th PL

City

OCALA

FL

Zip Code

34478

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 reissuing)

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 State10. 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	D	<input checked="" type="checkbox"/> Delete
NAME	DRAKE, TRUSTEN	
STREET ADDRESS	1015 NE 8TH AVE	
CITY-ST-ZIP	OCALA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLENE Y. SHIREK	
STREET ADDRESS	3802 NE 17th CIR	
CITY-ST-ZIP	OCALA FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	SHIRER, HENRY	
STREET ADDRESS	3802 NE 17TH STREET CIR	
CITY-ST-ZIP	OCALA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SLEETH, JOAN	
STREET ADDRESS	200 NW 61ST STREET	
CITY-ST-ZIP	OCALA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

HENRY SHIRER JR

4/4/01

352-622-2697

Daytime Phone #

CR2E034 (10/00)