

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **Z00583**

1. Entity Name

**DORCHESTER STORAGE GROUP, L.C.**

Principal Place of Business

**2106 BISPHAM ROAD  
SUITE B  
SARASOTA FL 34231**

Mailing Address

**2106 BISPHAM ROAD  
SUITE B  
SARASOTA FL 34231-5518**

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

**59-3182623**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTERSON, JOHN  
46 NORTH WASHINGTON BLVD.  
SUITE 1  
SARASOTA FL 34236**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
**M AARTS, TONY**  
STREET ADDRESS **R.R. #1**  
CITY- ST- ZIP **ONTARIO, CANADA**

TITLE NAME ☐ Change ☐ Addition  
**900003217249--7**  
STREET ADDRESS **-04/20/00--01099--020**  
CITY- ST- ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME ☐ Delete  
**M AARTS-CAN HOLDINGS INC.**  
STREET ADDRESS **R.R. #1**  
CITY- ST- ZIP **ONTARIO, CANADA**

TITLE NAME ☐ Change ☐ Addition  
**900003217249--7**  
STREET ADDRESS **-04/20/00--01099--020**  
CITY- ST- ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME ☐ Delete  
**M AARTS-CAN HOLDINGS INC.**  
STREET ADDRESS **R.R. #1**  
CITY- ST- ZIP **ONTARIO, CANADA**

TITLE NAME ☐ Change ☐ Addition  
**900003217249--7**  
STREET ADDRESS **-04/20/00--01099--020**  
CITY- ST- ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME ☐ Delete  
**M AARTS-CAN HOLDINGS INC.**  
STREET ADDRESS **R.R. #1**  
CITY- ST- ZIP **ONTARIO, CANADA**

TITLE NAME ☐ Change ☐ Addition  
**900003217249--7**  
STREET ADDRESS **-04/20/00--01099--020**  
CITY- ST- ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME ☐ Delete  
**M AARTS-CAN HOLDINGS INC.**  
STREET ADDRESS **R.R. #1**  
CITY- ST- ZIP **ONTARIO, CANADA**

TITLE NAME ☐ Change ☐ Addition  
**900003217249--7**  
STREET ADDRESS **-04/20/00--01099--020**  
CITY- ST- ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME ☐ Delete  
**M AARTS-CAN HOLDINGS INC.**  
STREET ADDRESS **R.R. #1**  
CITY- ST- ZIP **ONTARIO, CANADA**

TITLE NAME ☐ Change ☐ Addition  
**900003217249--7**  
STREET ADDRESS **-04/20/00--01099--020**  
CITY- ST- ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

APPROVED  
AND  
FILED

00 APR -3 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ng 4/18*



DO NOT WRITE IN THIS SPACE