

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005352**

1. Entity Name
NPV SELF STORAGE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 15 PM 1:40

Principal Place of Business
**1733 WEST FLETCHER AVENUE
TAMPA FL 33612**

Mailing Address
**1733 WEST FLETCHER AVENUE
TAMPA FL 33612-1820**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM CHANEY, MARVIN	1850 SOUTH MIAMI ROAD	FORT LAUDERDALE FL 33316	<input type="checkbox"/>
MGRM RICE, SUZANNE	1733 WEST FLETCHER AVENUE	TAMPA FL 33612	<input type="checkbox"/>
MGRM LEEDS, MICHAEL	1733 WEST FLETCHER AVENUE	TAMPA FL 33612	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

TITLE NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<i>mf 3/2/00</i>				
900003187653-3 -03/29/00-01005-011 *****50.00 *****50.00				
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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

3/2/00
Date

813-960-8154
Daytime Phone #

CR2E083 (9/99)