

DOCUMENT # 489690
1. Entity Name
AARONS BONDED STORAGE, INC.

Principal Place of Business
2100 CALUMET ST
CLEARWATER FL 34625

Mailing Address
80 ROGERS ST APT 9A
CLEARWATER FL 33756
US

2. Principal Place of Business
80 ROGERS ST.
Suite, Apt. #, etc.
SUITE 9A
City & State
CLEARWATER, FL
Zip
33756
Country
USA

3. Mailing Address
80 ROGERS ST
Suite, Apt. #, etc.
SUITE 9A
City & State
CLEARWATER, FL
Zip
33756
Country
USA

6. Name and Address of Current Registered Agent
SEITER, THOMAS R.
80 ROGERS ST 9A
CLEARWATER FL 33756

FILED
Jan 10, 2001 8:00 am
Secretary of State
01-10-2001 90001 039 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1683592
Applied For
Not Applicable

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

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.

SIGNATURE _____
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD SEITER, THOMAS R 80 ROGERS ST 9A CLEARWATER FL 33756 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Thomas R. Seiter THOMAS R. SEITER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 01/04/01 727/447-0466
Daytime Phone #

CR2E034 (10/00)