

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90001 019 ***150.00

045328 AV

DOCUMENT # 489690

1. Entity Name

AARONS BONDED STORAGE, INC.

Principal Place of Business

**80 ROGERS ST. SUITE 9A
 CLEARWATER FL 33756
 US**

Mailing Address

**80 ROGERS ST APT 9A
 CLEARWATER FL 33756
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2 SEASIDE LN, STE 301

3. Mailing Address

2 SEASIDE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 301

SUITE 301

City & State

BELLEAIR FL

City & State

BELLEAIR, FL

4. FEI Number

59-1683592

Applied For

Not Applicable

Zip

33756

Country

USA

Zip

33756

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SEITER, THOMAS R.
 80 ROGERS ST 9A
 CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name

SEITER, THOMAS R.

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

2 SEASIDE LANE, SUITE 301

City

BELLEAIR

FL

Zip Code

33756

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, 2002 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

TITLE **PSD** ☐ Delete
 NAME **SEITER, THOMAS R**
 STREET ADDRESS **80 ROGERS ST 9A**
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
 NAME **SEITER, THOMAS R.**
 STREET ADDRESS **2 SEASIDE LANE, SUITE 301**
 CITY-ST-ZIP **BELLEAIR, FL 33756**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of Thomas R. Seiter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/02
 Date

727/447-0406
 Daytime Phone #

CR2E034 (9/01)