2002 UNIFORM BUSINESS REPORT (UBR) 656153 **DOCUMENT #** 1. Entity Name U-STOR MANAGEMENT CORPORATION Principal Place of Business Mailing Address 3060 ALTERNATE 19 N 3060 ALTERNATE 19 N PALM HARBOR FL 34683 PALM HARBOR FL 34683

FILED May 02, 2002 8:00 am Secretary of State 05-02-2002 90039 012 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired S8.75 Address of Current Registered Agent 7.5 Name and Address of New Registered Agent 7.5 Name and			
City & State Country Country Stockhold of Status Desired Status Desired Address of New Registered Agent Name State Address (P.O. Box Number is Not Acceptable) City FL Zip Code Status District Address City Status Desired Agent State Address (P.O. Box Number is Not Acceptable) DATE Zip Code Status District Address of New Registered Agent State Address (P.O. Box Number is Not Acceptable) FL Zip Code State Address (P.O. Box Number is Not Acceptable) FL Zip Code State Address (P.O. Box Number is Not Acceptable) FL Zip Code State Address (P.O. Box Number is Not Acceptable) FL Zip Code State Address (P.O. Box Number is Not Acceptable) FL Zip Code State Address (P.O. Box Number is Not Acceptable) FL Zip Code State Address (P.O. Box Number is Not Acceptable) FL Zip Code State Address (P.O. Box Number is Not Acceptable) FL Zip Code State Address (P.O. Box Number is Not Acceptable) FL Zip Code State Address (P.O. Box Number is Not Acceptable) FL Zip Code State Address (P.O. Box Number is Not Acceptable) FL Zip Code State Address (P.O. Box Number is Not Acceptable) FL Zip Code State Address (P.O. Box Number is Not Acceptable) FL Zip Code State Address (P.O. Box Number is Not Acceptable) FL Zip Code Attrict Address (P.O. Box Number is Not Acceptable) FL Zip Code State Address (P.O. Box Number is Not Acceptable) FL Zip Code Attrict Address (P.O. Box Number is Not Acceptable) FL Zip Code State Address (P.O. Box Number is Not Acceptable) FL Zip Code Attrict Address (P.O			
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addiffere Required Status Desired Status Desired Address of New Registered Agent \$9.75 Name and Addr			
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Add Fee Required -6. Name and Address of New Registered Agent -7.2 Name and Address of New Registered -	olied For		
DENUNZIO, PETER V 3001 LEPRECHAUN LANE PALM HARBOR FL 34883 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 Fiorida. SIGNATURE Signature, hipsed or primed name of registered agent and title if applicable. (INDTE Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible. Tax liling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in Title NAME SIRRET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-ZIP Delete TITLE NAME DENUNZIO, CYNTHIA L SIRRET ADDRESS CITY-ST-ZIP NAME SIRRET ADDRESS CITY-ST-ZIP TILLE SIRR	Applicabl tional		
DENUNZIO, PETER V 3001 LEPRECHAUN LANE PALM HARBOR FL 34683 City 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, hybrid or printed nums of registered agent and site if applicable. (NOTE Registered Agent signature required wheat reinstating) DATE 13. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TILLE NAME SIREET ADDRESS CITY-ST-ZIP TILLE VS DENUNZIO, CYNTHIA L 3001 LEPRECHAUN LANE SIREET ADDRESS CITY-ST-ZIP TILLE NAME SIREET ADDRESS CITY-ST-ZIP TILLE TILLE Change Chan			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
PALM HARBOR FL 34683 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 fill if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTILE MAME SIREET ADDRESS CITY-ST-ZIP DENUNZIO, PETER V DENUNZIO, CYNTHA L SIREET ADDRESS CITY-ST-ZIP DENUNZIO, CYNTHA L SIREET ADDRESS CITY-ST-ZIP Delete ITILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE T			
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 Signat	box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature. Lyped or printed name of registered agent and site 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) Tax filing requirement and elects to do so. (Make Check Payable to Department of State) TILE NAME DENUNZIO, PETER V SIREET ADDRESS CITY-ST-ZIP TILE VS DENUNZIO, CYNTHIA L STREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 TILE NAME DENUNZIO, CYNTHIA L STREET ADDRESS CITY-ST-ZIP TILE NAME DENUNZIO, CYNTHIA L STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-			
SIGNATURE Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when reinstating) Page			
SIGNATURE Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when reinstating) Page			
Signature, typed or printed name of registered agent and talle if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITILE NAME DENUNZIO, PETER V SIREET ADDRESS CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TILLE			
P. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) The state of the state			
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Trust Fund Contribution. Added to Department of State Trust Fund Contribution. Trust Fund Contribution. Added to Department of State Trust Fund Contribution. Trust Fund Contribution. Added to Department of State Additional Contribution. Trust Fund Contribution. Added to Department of State Additional Contribution. Trust Fund Contribution. Added to Department of State Additional Contribution. Trust Fund Contribution. Added to Department of State Additional Contribution. Trust Fund Contribution. Trust Fund Contribution. Trust Fund Contribution. Additional Contribution. Trust Fund Contri	—		
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Department of State			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TI	May Be		
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL			
CITY-ST-ZIP PALM HARBOR, FL 34683 TITLE VS NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	Addition		
CITY-ST-ZIP PALM HARBOR, FL 34683 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE	Addition		
CITY-ST-ZIP CITY-ST-ZIP TITLE			
TITLE Delete TITLE			
MARKE '	Addition		
NAME.			
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			
	Addition		
STREET ADDRESS STREET ADDRESS			
CITY-ST-ZIP CITY-ST-ZIP			
THE TOTAL THE	7		
IAME Change	Addition.		
TREET ADDRESS STREET ADDRESS			
CITY-ST-ZIP			
3. 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes and that I am an officer or or the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes and the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes and the corporation of the co			