

2001 UNIFORM BUSINESS REPORT (UBR)

0000311 AF

DOCUMENT # A00000001554

1. Entity Name

STARS & STRIPES SELF STORAGE LTD.

Principal Place of Business

% ALAN I. ARMOUR II. ESQUIRE/NASON. YEAGER
1645 PALM BEACH LAKES BOULEVARD. #1200
WEST PALM BEACH FL 33401

Mailing Address

% ALAN I. ARMOUR II. ESQUIRE/NASON. YEAGER
1645 PALM BEACH LAKES BOULEVARD. #1200
WEST PALM BEACH FL 33401

FILED

01 APR -3 AM-7:38

SECRETARY OF STATE



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

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

ARMOUR, ALAN I II ESQ.
1645 PALM BEACH LAKES BOULEVARD, #1200
WEST PALM BEACH FL 33401

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. Capital Contributions as Shown on record.

\$658,250.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000095586
NAME STARS & STRIPES SELF STORAGE INC.
STREET ADDRESS % 1645 PALM BEACH LAKES BLVD, #1200
CITY-ST-ZIP WEST PALM BEACH FL 33401

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

300003996303--5
-04/13/01--01023--024
*****437.50 *****437.50

300003996303--5
-04/13/01--01023--025
*****88.75 *****88.75

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-17-01

747-4542

561

CR2E003 (11/00)