

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A18671**

1. Entity Name  
**SPACE PLUS SELF-STORAGE LIMITED PARTNERSHIP NO.1**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business  
**4950 NORTH DIXIE HIGHWAY  
FT. LAUDERDALE FL 33334**

Mailing Address  
**4950 NORTH DIXIE HIGHWAY  
FT. LAUDERDALE FL 33334-3947**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2608191</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>CHANEY, MARVIN T. 4950 NORTH DIXIE HWY. FT. LAUDERDALE FL 33334</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record **\$410.00** 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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>CHANEY, MARVIN T. 3033 SPANISH RIVER RD. BOCA RATON FL</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>CHANEY, CONNIE L. 3033 SPANISH RIVER RD. BOCA RATON FL</b>	STREET ADDRESS CITY - ST - ZIP	<b>700003290537--7 06/15/00 01032-023 ****150.00 ****150.00</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>KENNELLY, JOHN B. 333 KEY PALM ROAD BOCA RATON FL</b>	STREET ADDRESS CITY - ST - ZIP	
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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: **MARVIN Chaney** 4/15/00 954-523-890  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CL E003 (9/99)