

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31578**

1. Entity Name

STORAGE-USA OF PALM BEACH COUNTY LIMITED PARTNER

Principal Place of Business

**10440 LITTLE PATUXENT PARKWAY, SUITE 1100
COLUMBIA MD 21044**

Mailing Address

**10440 LITTLE PATUXENT PARKWAY, SUITE 1100
COLUMBIA MD 21044**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1758760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. Capital Contributions
as Shown on record.

\$250,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

250,000.00

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

DOCUMENT # **P09858**
NAME **STORAGE USA, INC.**
STREET ADDRESS **165 MADISON AVENUE, SUITE 1300**
CITY-ST-ZIP **MEMPHIS TN 38103**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **175 TOYOTA PLAZA, SUITE 700**
CITY-ST-ZIP **MEMPHIS, TN 38103**

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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:

SIGNATURE: Donna Buck

4/20/01

(410) 884-8711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0015992 AF

CR2E003 (11/00)



DO NOT WRITE IN THIS SPACE

FILED
01 APR 30 PM 5:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA