

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019135 MB

DOCUMENT # **A31578**

1. Entity Name
**STORAGE-USA OF PALM BEACH COUNTY LIMITED PARTNER
SHIP**



FILED

2003 JUN 27 AM 10:13

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**10440 LITTLE PATUXENT PARKWAY, SUITE 700
COLUMBIA MD 21044**

Mailing Address
**10440 LITTLE PATUXENT PARKWAY, SUITE 700
COLUMBIA MD 21044**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **52-1758760**

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

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

Name

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

**000017897340
05/02/03--01062--013 **526.25**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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 # **P09858**
NAME **STORAGE USA, INC.**
STREET ADDRESS **175 TOYOTA PLAZA, SUITE 700**
CITY-ST-ZIP **MEMPHIS TN 38103**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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:

Donna Buck
SIGNATURE REQUIRED

4/28/2003

410-884-8711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE