2000 UNIFORM BUSINESS REPORT (UBR) APPROVED A94000000314 DOCUMENT # 1. Entity Name 00 APR -3 AM 10: 14 A-1 TRAILER RENTAL, LTD. SECRETARY OF STATE Principal Place of Business Mailing Address 4004 S. 50TH STTREET 4004 S. FOTH STIREET TAMPA FI. 23619 6728 **TAMPA FL 33619** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3228623 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired - 🗓 🔲 🚐 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZIGULICH, JOSEPH D JR Street Address (P.O. Box Number is Not Acceptable) 4004 S: 50TH STTREET TAMPA FL 33619-City 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) 10. Amount of Capital Contributions in FLORIDA to date. 3,850,000 Capital Confibutions as Shown on record. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$3,850,000.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. CR2E003 (9/99) L95000000738 DOCUMENT# STREET ADDRESS A-1 RAPID STORAGE, L.C. NAME 4004 S. 50TH STREET STREET ADORESS CITY-ST-ZIP TAMPA FL 33619 -CITY-ST-709 DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT# STREET ADORESS NAME STREET ADDRESS 800003214068----04/1<u>3/0</u>0--01020--006 CITY-ST-ZIP CITY-ST-ZIP ****526.25 DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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: