

2002 UNIFORM BUSINESS REPORT (UBR)

0007074 AT

DOCUMENT # - A96000001905

1. Entity Name

AIRPORT ROAD STORAGE, LTD.

FILED

02 APR 25 PM 4:18

MJH

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

950 AIRPORT ROAD
DESTIN FL 32541

Mailing Address

4460 LEGENDARY DRIVE, STE. 400
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3414245

Applied For

Not Applicable

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

LEGLER, MITCHELL W
300A WHARFSIDE WAY
JACKSONVILLE FL 32207

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.

DATE

9. Capital Contributions

\$425,000.00

10. Amount of Capital Contributions

in FLORIDA to date. \$425,706.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000082184
NAME LEGENDARY STORAGE, INC.
STREET ADDRESS 4460 LEGENDARY DR., STE. 400
CITY-ST-ZIP DESTIN FL 32541

STREET ADDRESS

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*****578.75 *****526.25

PF \$526.25

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

Peter H. Bos

4/10/02

850-337-8000

Date

Daytime Phone #

CR2E003 (9/01)