

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000367**

1. Entity Name

AIR CONDITIONED SELF STORAGE OF MARATHON LIMITED

Principal Place of Business

105 PACER CIRCLE
WELLINGTON FL 33414

Mailing Address

P.O. BOX 487
LOXAHATCHEE FL 33470-0487

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 26 PM 7:25



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

65-0903805

4. FEI Number

APPLIED FOR

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

VOLLRATH, ROBERT K
105 PACER CIRCLE
WELLINGTON FL 33414

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.

\$90,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$54,090

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 # **P98000008714**
NAME **AIR CONDITIONED SELF STORAGE OF MARATHON I**
STREET ADDRESS **200 E. CAPITAN DR., UNIT B2**
CITY - ST - ZIP **ISLAMORADA FL 33036**

STREET ADDRESS **105 PACER CIRCLE**
CITY - ST - ZIP **WELLINGTON, FL 33414**

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/2000

Date

(561) 790-0188

Daytime Phone #