

2001 UNIFORM BUSINESS REPORT (UBR)

USE 37 AB

DOCUMENT # B00000000142

1. Entity Name

UNITED STORAGE PARTNERS, L.P.

FILED

02 JAN -8 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

725 SKIPPACK PIKE, SUITE 305
BLUE BELL PA 19422

Mailing Address

725 SKIPPACK PIKE, SUITE 305
BLUE BELL PA 19422

2. Principal Place of Business

1787 Sentry Parkway West

3. Mailing Address

1787 Sentry Parkway West

Suite, Apt. #, etc.

Bldg. 16 Suite 400

Suite, Apt. #, etc.

Bldg. 16 Suite 400

City & State

Blue Bell PA

City & State

Blue Bell PA

Zip

19422

Country

USA

Zip

19422

Country

USA

DUE BY SEPTEMBER 26, 2001

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

\$0.00

10. Amount of Capital Contributions

in FLORIDA to date.

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 # M00000000555
NAME UNITED STOR-ALL CENTERS, L.L.C.
STREET ADDRESS 725 SKIPPACK PIKE, SUITE 305
CITY-ST-ZIP BLUE BELL PA 19422

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1787 Sentry Parkway West

CITY-ST-ZIP

Bldg. 16 Suite 400
Blue Bell, PA 19422

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

500004768435--7

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CITY-ST-ZIP

****541.25 ****541.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/25/01

215.416.2000

CR2E003 (5/01)