

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90214 032 ***150.00

DOCUMENT # F03018

1. Entity Name
MINI-STORAGE MANAGEMENT CORP.



Principal Place of Business
**C/O THOMAS BYRD
524 S. ANDREWS AVE., SUITE 200N
FORT LAUDERDALE FL 33301**

Mailing Address
**108 SE 8TH AVENUE
SUITE 116
FT. LAUDERDALE FL 33301**



2. Principal Place of Business
2523 NW 6 St
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Ft laud. FL
Zip
33311

City & State

4. FEI Number
59-2039008

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, HUGH A
108 SE 8TH AVENUE
SUITE 116
FORT LAUDERDALE FL 33301**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input type="checkbox"/> Delete
NAME	BYRD, THOMAS E	
STREET ADDRESS	524 SO. ANDREWS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, HUGH A	
STREET ADDRESS	108 S.E. 8TH AVE., SUITE 116	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Mini Storage Management Corp.
SIGNATURE: by: [Signature]
Hugh A. Anderson, President

2/12/03
Date

954-767-0079
Daytime Phone #

CR2E034 (10/02)