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

## **DOCUMENT #** F98000006865

1. Entity Name

AMSDELL HOLDINGS I, INC.



**FILED** Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90720 010 \*\*\*150.00

Sullo, Apt. #, etc:   Sulle, Apt. #, etc.   City & State   A. FEI Number 34-1880683   Applied For Intel Applicable   A. FEI Number 34-1880683   Applied For Intel Applied Applied   Applied For Intel Applied Ap	6745 ENGLE ROAD. SUITE 300 MIDDLEBURG HEIGHTS OH 44130	6745 E	Mailing Address 6745 ENGLE ROAD. SUITE 300 MIDDLEBURG HEIGHTS OH 44130						
City & Sizie  City & Sizie  City & Sizie  City & Sizie  Country  Zip  Country  Zip  Country  Zip  Country  Country  Size Address of Status Desired Status Desired Sour Foot Regulatered Agent  Name  Name  Name  C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324  City  FL  Zip Code  Streat Address (PO. Box Number is Not Acceptable)  Streat Address of New Registered Agent  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Size Address of New Registered Agent  City  FL  Zip Code  City  FL  Zip Code	2. Principal Place of Business	3. Maili	3. Mailing Address						
Zip Country Zip Country Zip Country S. Cardillicate of Status Desired St. 75. Additional Feet Polyagined  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent and the Paper power of the purpose of changing its registered agent a	Suite, Apt. #, etc.	Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  City  FL  Zip Code  City  Addition  Addition  Addition  Addition  City  AMSDELL, ROBERT J  City  City  FL  AMSDELL, ROBERT J  City  Ci	City & State	City	City & State		4. FEI Numbe	2/-1000602			
C T CORPORATION SYSTEM   Street Address (PO. Box Number is Not Acceptable)	Zip Country	Country Zip Cour			5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City	6. Name and Address of Current Registered Agent				7. Name and	Address of New Regis	stered Agent		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zp Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. In the familiar with, and accept the obligation of registered agent, or both, in the State of Florida. In the familiar with, and accept the obligation of registered agent, or both, in the State of Florida Charles	ا المحدد		السناء المساريدة فيب	Name	ere jakan i te				
PLANTATION FL 33324    City   FL   Zip Code	C T CORPORATION SYSTEM			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
Either 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.    File Now!!! FEE IS \$150.00									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature, hopd or prise name of registered agent and rise if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE	PLANTATION FL 33324								
SIGNATURE    FILE NOW!!! FEE IS \$150.00				'					
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.		ent for the purpo	ose of changing its r	registered office or regis	stered agent, or bot	h, in the State of Florida	a. I am familiar with,	and accept	
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	Signature, typed or printed name of registered	agent and title if appl	icable. (NOTE:	Registered Agent signature requ	ired when reinstating)		DATE		
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I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Trurner 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.

**SIGNATURE** 

440-<u>234-0700</u>