

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001567

1. Entity Name

SEVEN SAC SELF-STORAGE CORPORATION

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90376 014 \*\*\*550.00

Principal Place of Business  
715 S. COUNTRY CLUB DRIVE  
MESA AR 85210

Mailing Address  
715 S. COUNTRY CLUB DRIVE  
MESA AR 85210

551036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 86-0944240

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME SHOEN, MARK V  
STREET ADDRESS 715 S. COUNTRY CLUB DRIVE  
CITY-ST-ZIP MESA AZ 85210 ☐ Delete

TITLE Assistant Secretary  
NAME Claude Boucher  
STREET ADDRESS 2275 Barton Street E  
CITY-ST-ZIP Hamilton, Ontario L8E2W8 ☐ Change ☒ Addition

TITLE D  
NAME KRIEGER, JON A  
STREET ADDRESS 715 S. COUNTRY CLUB DRIVE  
CITY-ST-ZIP MESA AR 85210 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME BROCKHAGEN, BRUCE  
STREET ADDRESS 715 S. COUNTRY CLUB DRIVE  
CITY-ST-ZIP MESA AZ 85210 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME CREEDON, TIMOTHY  
STREET ADDRESS 715 S. COUNTRY CLUB DRIVE  
CITY-ST-ZIP MESA AZ 85210 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark V. Shoen, President

4/26/2001

602-263-6195

Date

Daytime Phone #

CR2E034 (10/00)