

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90043 012 ***150.00

DOCUMENT # H82450

1. Entity Name

ST. AUGUSTINE SELF-STORAGE, INC.

Principal Place of Business

% WILLIAM R. TINNEMAN
 150 N. FEDERAL HWY. STE 210
 FT. LAUDERDALE FL 33301

Mailing Address

% WILLIAM R. TINNEMAN
 150 N. FEDERAL HWY. STE 210
 FT. LAUDERDALE FL 33301

2. Principal Place of Business

5 Willard DR

3. Mailing Address

5 Willard DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

4. FEI Number

59-2701448

Applied For

Not Applicable

Zip

32086

Country

ST. Johns

Zip

32086

Country

ST. Johns

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TINNEMAN, WILLIAM R.

**150 N FEDERAL HWY
 FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5 Willard DR

City

ST. AUGUSTINE

FL

Zip Code

32086

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, 2002 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

TITLE **PT** ☐ Delete
 NAME **TINNEMAN, WILLIAM R.**
 STREET ADDRESS **150 N FEDERAL HWY**
 CITY-ST-ZIP **FT. LAUDERDALE FL 34997**

TITLE **SD** ☐ Delete
 NAME **TINNEMAN, ELMER F**
 STREET ADDRESS **150 N FEDERAL HWY**
 CITY-ST-ZIP **FT. LAUDERDALE FL 34997**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5 Willard DR.**
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5 Willard DR**
 CITY-ST-ZIP **ST. AUGUSTINE, FL 32086**

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

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

Date

Daytime Phone #

William R. Tinneman Pres. 3/04/02 904-829-0615

US04201 AV

CR2E034 (9/01)