

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91746 002 ***150.00

DOCUMENT # **H89332** ✓
1. Entity Name
AMERICAN NATIONAL SELF-STORAGE, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
701 S. HOMESTEAD BLVD.
Suite, Apt. #, etc.

3. Mailing Address
701 S. HOMESTEAD BLVD.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOMESTEAD, FLA.
Zip
33030
Country
USA

City & State
HOMESTEAD, FLA.
Zip
33030
Country
USA

4. FEI Number
59-2646203
Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
STETTIN, HERBERT
Street Address (P.O. Box Number is Not Acceptable)
ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD. Suite # 3270
City
MIAMI, FLA. Zip Code
33131

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)

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONCEPCION, CARLOS 999 PONCE DE LEON BLVD. STE 1015 CORAL GABLES, FL. 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONDOR DELONES J. 701 S. HOMESTEAD BLVD. STE. 10 HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOOVER, JOHN W. JR. 701 S. HOMESTEAD BLVD. STE. 10 HOMESTEAD, FL. 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D P WESTPY, EDWARD 701 S. HOMESTEAD BLVD. HOMESTEAD, FL. 33030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST MORGAN JOHN 2399 HALPERNS WAY MIDDLEBURG, FL. 32068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE 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 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 #

CR2E034B (12/01)