

**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.

City & State

HOMESTEAD, FLA.

4. FEI Number

59-2646203

Applied For

Not Applicable

Zip

33030

Country

USA

Zip

33030

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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)