

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90196 023 \*\*\*150.00

DOCUMENT # **H89332**

1. Entity Name  
**AMERICAN NATIONAL SELF STORAGE, INC.**



Principal Place of Business  
**701 S. HOMESTEAD BLVD.  
STE. 10  
HOMESTEAD FL 33030**

Mailing Address  
**701 S. HOMESTEAD BLVD.  
STE. 10  
HOMESTEAD FL 33030**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2646203</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**STETTIN, HERBERT  
ONE BISCAYNE TOWER  
2 S. BISCAYNE BLVD. SUITE 3270  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CONCEPCION, CARLOS</b>	
STREET ADDRESS	<b>999 PONCE DE LEON BLVD., STE. 1015</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CONDER, DELORES J</b>	
STREET ADDRESS	<b>701 S. HOMESTEAD BLVD., STE. 10</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOOVER, JOHN W JR.</b>	
STREET ADDRESS	<b>701 S. HOMESTEAD BLVD., STE. 10</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>WESTPY, EDWARD</b>	
STREET ADDRESS	<b>701 S. HOMESTEAD BLVD., STE. 10</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Delete
NAME	<b>MORGAN, JOHN H</b>	
STREET ADDRESS	<b>2399 HALPRENS WAY</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL 32068</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *12/feb/03* Date 305-247-1122 Daytime Phone #

CR2F034 (10/02)