

"Amended"
2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 503633
 1. Entity Name
 Sunset Security Mini-Storage, Inc. ✓

FILED
 SECRETARY OF STATE
 01 JUN -6 PM 1:01

Principal Place of Business Mailing Address
 8619 New York Ave. same
 Hudson, FL 34667

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 Applied For
 59-2701589 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Robert A. Uttley
 8619 New York Ave.
 Hudson, FL 34667

7. Name and Address of New Registered Agent
 Name Dortha J. Uttley
 Street Address (P.O. Box Number is Not Acceptable)
 8619 New York Ave.
 City Hudson FL Zip Code 34667

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 *Dortha J. Uttley* DATE 4-26-01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir., Pres., Sec., Treas. <input checked="" type="checkbox"/> Delete Robert A. Uttley 8619 New York Ave. Hudson, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir., V. Pres. <input checked="" type="checkbox"/> Delete Harry R. Ryckman 8619 New York Ave. Hudson, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir., Pres., Sec. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12803 Willowdale Way Dortha J. Uttley Hudson, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir., Treas. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Arnold R. Uttley 8619 New York Ave. Hudson, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir., V. Pres. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Harry R. Ryckman 12803 Willowdale Way Hudson, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dortha J. Uttley* DATE: 4-26-01 DIGITAL PHONE #: 727-862-6016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (11/00)