

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J03633

1. Entity Name

SUNSET SECURITY MINI-STORAGE, INC.

Principal Place of Business

8619 NEW YORK AVE.
HUDSON FL 34667

Mailing Address

8619 NEW YORK AVE.
HUDSON FL 34667

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2701589

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UTLEY, DORTHA J
8619 NEW YORK AVE.
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name UTLEY, DORTHA J.
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.

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
UTLEY, DORTHA J
12803 WILLOWDALE WAY
HUDSON FL 34667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
RYCKMAN, HARRY
12803 WILLOWDALE WAY
HUDSON FL 34667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
UTLEY, ARNOLD R
8619 NEW YORK AVE.
HUDSON FL 34667

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
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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)(l), 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 #

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90011 015 ***150.00



DO NOT WRITE IN THIS SPACE

0542214 AV

CR2E034 (9/01)

1-5-02 (727) 862 6016