2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90296 038 ***150.00

DOCUMENT # J45339

1. Entity Name

U-STOR FT. CAROLINE ROAD, INC.

Principal Place of Business	Mailing Address
2641 MCCORMICK DR STE 102 CLEARWATER FL 34619 US	2641 MCCORMICK DR STE 102 CLEARWATER FL 33759-1066 US
2. Principal Place of Business: 3060 Alternate 19N	3. Mailing Address: 3060 Alternate 19N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor, FL	City & State: Palm Harbor, FL
Zip: 34683 Country: USA	Zip: 34683 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2442719 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DENUNZIO, PETER V.
3001 LEPRECHAUN LANE
PALM HARBOR FL 34683

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.

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDLIAN, COLBY 1500 FAIRFIELD WICHITA KS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DENUNZIO, PETER V. 3001 LEPRECHAUN LANE PALM HARBOR FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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 Peter V. DeNunzio 4/26/00 727-781-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #