

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J47230

1. Entity Name

KEYS MINI-SELF STORAGE, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90013 038 ***150.00

Principal Place of Business

Mailing Address

625 TRUMAN AVENUE
KEY WEST FL 33040

625 TRUMAN AVENUE
KEY WEST FL 33040-3233

2. Principal Place of Business

3. Mailing Address

100 5th St

P.O. Box 6002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Steds Island

City & State

City & State

Key West, FL

Key West FL

Zip

Country

Zip

Country

33040

Monroe

33041

Monroe

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLAND, W. SAM SR
429 NE 99TH STREET
MIAMI SHORES FL 33138

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
PSTD
HOLLAND, W. SAM JR
625 TRUMAN AVENUE
KEY WEST FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Walter S. Holland Sr.
429 NE 99 ST
Miami Shores FL 33138 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Michelle Holland
429 NE 99 ST
MIAMI Shores FL 33138 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/00

305-296-3912