

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90002 041 ****55.00

DOCUMENT # L00000001170

1. Entity Name

HIGHWAY 19 SELF-STORAGE L.L.C.

Principal Place of Business

**1100 COMMERCIAL WAY
 SPRING HILL FL 34606**

Mailing Address

**P.O. BOX 1275
 ELPERS FL 34680**

2. Principal Place of Business

1000 COMMERCIAL WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL FL

City & State

4. FEI Number

59-3625322

Applied For

Not Applicable

Zip

34606

Country

HERNANDO

Zip

Country

5. Certificate of Status Desired ☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DISBROW, GREGORY
 1100 COMMERCIAL WAY
 SPRING HILL FL 34606**

7. Name and Address of New Registered Agent

Name

DISBROW, GREGORY

Street Address (P.O. Box Number is Not Acceptable)

1000 COMMERCIAL WAY

City

SPRING HILL

FL

Zip Code

34606

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

Gregory Disbrow **Gregory Disbrow MGRM**

JAN 22, 02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **DISBROW, GREGORY**
 STREET ADDRESS **2305 WOODBEND CIRCLE**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **MEM** ☐ Delete
 NAME **WHISSEL, CHERYL**
 STREET ADDRESS **1303 INDIAN TRAILS N.**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Gregory Disbrow **SIGNATURE REQUIRED**

1/22/02 727-992-3349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)