

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90201 030 ****50.00

DOCUMENT # L00000007719

1. Entity Name
STORAWAY SELF-STORAGE, L.L.C.

Principal Place of Business

1295 ROCKLEDGE DRIVE
 ROCKLEDGE FL 32955

Mailing Address

P.O. BOX 560398
 ROCKLEDGE FL 32956-0398

2. Principal Place of Business

2730 C ENTERPRISE RD
 Suite, Apt. #, etc.

3. Mailing Address

2730 C ENTERPRISE RD
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORANGE CITY, FL

City & State

ORANGE CITY, FL

4. FEI Number

59-3656144

Applied For

Not Applicable

Zip

Country

32763

USA

Zip

Country

32763

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PAYNE, LEE M
1295 ROCKLEDGE DRIVE
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

TOM SMITH

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

2730 C ENTERPRISE RD.

City

ORANGE CITY

FL

Zip Code

32763

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME **MGRM SMITH, TOM**
 STREET ADDRESS **2118 E. PARKTON DRIVE**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☒ Delete
 NAME **MGRM PAYNE, LEE M**
 STREET ADDRESS **1295 ROCKLEDGE DRIVE**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E083 (9/01)



Attachment
968419

#L00000007719

May 22, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am writing upon the advice of a Uniform Business Reports Filings customer service agent. I just recently took over as accounting manager and had quite a mess to clean up from the prior accounting manager who was released from her position. During my organization of the office and records I came across the Uniform Business Report form after the due date of May 1st. I am pleading to have the late/penalty fee waived this one time due to the assumption that it had already been taken care of by the prior accounting manager. Thank you in advance for your cooperation.

Respectfully yours,

Carie Williams

Carie Williams
Accounting Manager