

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90005 016 \*\*\*\*50.00

**DOCUMENT # L00000015615**

**1. Entity Name**  
**PIONEER TRAIL SELF STORAGE, LLC**



**Principal Place of Business**  
**1375 PIONEER TRAIL**  
**NEW SMYRNA FL 32168**

**Mailing Address**  
**P.O. BOX 536785**  
**ORLANDO FL 32853-6785**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-3240581**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BANKSTON, JAMES W**  
**3040 SOUTH GOLDENROD ROAD**  
**ORLANDO FL 32822-7806**

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. I am familiar with, and accept the obligations of registered agent.**

**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 Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE** **MEM** ☐ Delete  
**NAME** **BANKSTON, CHESTER W**  
**STREET ADDRESS** **3040 S. GOLDENROD RD.**  
**CITY-ST-ZIP** **ORLANDO FL 32822**

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

**TITLE** **MEM** ☐ Delete  
**NAME** **BANKSTON, JAMES W**  
**STREET ADDRESS** **3040 S. GOLDENROD RD.**  
**CITY-ST-ZIP** **ORLANDO FL 32822**

☐ Change ☐ Addition  
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**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:** *James W Bankston*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

*1/8/03 (407) 282-5225*  
Date Daytime Phone #

CR2E083 (10/02)