

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-22-2002 90209 008 ****50.00

DOCUMENT # L00000016285

1. Entity Name

MALLARD SELF STORAGE, L.L.C. ✓

Principal Place of Business

3985 S. MCCALL ROAD
ENGLEWOOD FL 34224

Mailing Address

6444 BLUEBERRY DRIVE
ENGLEWOOD FL 34224

2. Principal Place of Business

3985 S. McCall Rd.

Suite, Apt. #, etc.

3. Mailing Address

3985 S. McCall Rd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Englewood FL

City & State

Englewood FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

34224

Country

USA

Zip

34224

Country

USA

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

6. Name and Address of Current Registered Agent

BAUMAN, RICHARD
 6444 BLUEBERRY DRIVE
 ENGLEWOOD FL 34224

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUMAN, RICHARD 6444 BLUEBERRY DRIVE ENGLEWOOD FL 34224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINKI, LEE 8175 MANASOTA KEY ROAD ENGLEWOOD FL 34223 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAUMANN, SANDRA 6444 BLUEBERRY DRIVE ENGLEWOOD FL 34224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINKI, CHARLES 8175 MANASOTA KEY ROAD ENGLEWOOD FL 34224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

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

Date

4-30-02

Daytime Phone #

941 474 4243

CR2E083 (9/01)

Attachment 93402
Internal Revenue Service

Accounts Management Division I
Branch II - Teletin Unit
Stop 751
PO Box 47421
Chamblee, GA 30362
Phone 678-530-7234/7235
FAX 678-530-8156

#20000016285

Date: March 22, 2001

Employee Identification: 0716934125

TO:	RICHARD W BAUMANN	FAX:	941-474-1781
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
Company Name	MALLARD SELF-STORAGE LLC	Employer ID #	65-1084855
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	

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