

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90044 018 \*\*\*\*50.00

**DOCUMENT # L00000016285**

1. Entity Name  
**MALLARD SELF STORAGE, L.L.C.**



Principal Place of Business

3985 S. MCCALL ROAD  
ENGLEWOOD FL 34224  
US

Mailing Address

3985 S. MCCALL ROAD  
ENGLEWOOD FL 34224  
US

*Mallard Self Storage LLC*

*3985 S. McCall Rd*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Englewood FL*

City & State

4. FEI Number **65-1084855**

Applied For

Not Applicable

Zip

Country

*Charlotte*

Zip

*34224*

Country

*USA*

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAUMAN, RICHARD**

**6444 BLUEBERRY DRIVE** *3985 S. McCall Rd*  
**ENGLEWOOD FL 34224** *Englewood, FL 34224*

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 *Sandra Baumann*

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

(NOTE: Registered Agent signature required when reinstating)

*1/22/03*

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 **P** ☐ Delete  
NAME **BAUMAN, RICHARD**  
STREET ADDRESS **6444 BLUEBERRY DRIVE** *3985 South McCall Rd*  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☒ Change ☐ Addition  
NAME **BAUMAN, RICHARD**  
STREET ADDRESS **6444 BLUEBERRY DRIVE** *3985 South McCall Rd*  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **V** ☐ Delete  
NAME **FINKI, LEE**  
STREET ADDRESS **8175 MANASOTA KEY ROAD**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Change ☐ Addition  
NAME **FINKI, LEE**  
STREET ADDRESS **8175 MANASOTA KEY ROAD**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **S** ☐ Delete  
NAME **BAUMANN, SANDRA**  
STREET ADDRESS **6444 BLUEBERRY DRIVE** *3985 S. McCall Rd*  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☒ Change ☐ Addition  
NAME **BAUMANN, SANDRA**  
STREET ADDRESS **6444 BLUEBERRY DRIVE** *3985 S. McCall Rd*  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **T** ☐ Delete  
NAME **FINKI, CHARLES**  
STREET ADDRESS **8175 MANASOTA KEY ROAD**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Change ☐ Addition  
NAME **FINKI, CHARLES**  
STREET ADDRESS **8175 MANASOTA KEY ROAD**  
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME   
STREET ADDRESS   
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: *Sandra Baumann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*1/22/03* *941 474 1781*  
Date Daytime Phone #

CR2E083 (10/02)