

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-17-2002 90024 005 ****55.00

DOCUMENT # L01000017442

1. Entity Name

STOR-N-MORE SELF STORAGE, L.L.C.

Principal Place of Business

Mailing Address

**1525 EASTBROOK DRIVE
SARASOTA FL 34231**

**1525 EASTBROOK DRIVE
SARASOTA FL 34231**

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

Applied For

Applied For

Not Applicable

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

**MAGLIO, JENNIFER G ESQUIRE
CLARK CHRISTOPHER DEMAY & YANCHEK, P.A.
1819 MAIN STREET, SUITE 500
SARASOTA FL 34230**

Name **JENNIFER G. MAGLIO, ESQUIRE**

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

**BROWN, CLARK, CHRISTOPHER & DEMAY, P.A.
1819 MAIN ST., SUITE 1100
SARASOTA FL Zip Code 34236**

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
**MGR
INTERSTATE BUSINESS CENTERS, INC.
1525 EASTBROOK DRIVE
SARASOTA FL 34231** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/8/02 941-957-3800

CR2E083 (9/01)