2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 09, 2000 8:00 am **DOCUMENT # L95259** Secretary of State MARION OAKS STORAGE FACILITIES, INC. 03-09-2000 90108 004 ***158.75 Mailing Address Principal Place of Business P. O. BOX 189 150 MARION OAKS BLVD OCALA FL 34478-0189 OCALA FL 34473 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FFI Number City & State City & State 59-3032176 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COOPER, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) 321 NW THIRD AVE OCALA FL 32670-City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition ☐ Delete TITLE COOPER, MICHAEL J. NAME NAME STREET ADDRESS STREET ADDRESS 321 NW THIRD AVE CITY-ST-ZIP CITY-ST-ZIP OCALA FL Change ☐ Addition ☐ Delete TITLE MAZZURCO, ANDREW S. NAME 150 MARION OAKS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL Delete" ☐ Change ☐ Addition TITLE TITLE DOWDY, DENNIS W. NAME NAME 150 MARION OAKS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL ☐ Addition Change ☐ Delete TITLE TITLE MAZZURCO, JOSEPH NAME NAME 150 MARION OAKS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE MAZZURCO, VINCENT S. NAME NAME 150 MARION OAKS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. 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 or supplemental epoch is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or toster epipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an application, with all other like empowered.

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR