## **2000 UNIFORM BUSINESS REPORT (UBR)**

| 2000   | UNIF  | ORM BUS  | INESS REP  | OKI   | (UBN)   | <del></del>         |                                       | AND<br>FILED                 |  |                                  |  |
|--|---|--|--|---|---|---------------------|---------------------------------------|------------------------------|--|----------------------------------|--|
| DOCUMENT # L9800001091   |   |  |  |   |   |                     | 00 APR 30 AM 9: 03                    |                              |  |                                  |  |
| PROGRESSIVE AUTO STORAGE, L.L.C.   |   |  |  |   |   |                     |                                       |                              |  |                                  |  |
|  |   |  |  |   |   |                     | SECF<br>TALLA                         | LETARY UI<br>LHASSEE:        | F STATE<br>FLORIDA   |                                  |  |
| rincipal Plac  | e of Business                                   |  | Mailing Address  |   |   | 7                   | y first any table                     | ••••                         |  |                                  |  |
| 720 BALD EAC<br>MARCO ISLAN  |   |  | 720 BALD EAGLE DRI<br>MARCO ISLAND FL 3                      |   |   |                     |                                       |                              |  |                                  |  |
| iiAiiOO IODiii   |   |  | WATER TOP TOP TO   | 7170 2071   |   |                     | ) <b>(20)</b> (0) (0) (0) (0) (0) (0) | !!)                          | BB()) ab)b( (18)) <b>BB</b>  | 1881 - 1881 - 1881 - 1881 - 1881 |  |
| Driverie et D  | None of Distance                                | · · · · · · · · · · · · · · · · · · ·                | T. C. Na William A Address                                   |   |   |                     |                                       |                              |  |                                  |  |
| Principal Place of Business  |   |  | 3. Mailing Address   |   |   |                     |                                       |                              |  |                                  |  |
| Suite, Apt. #, etc.  |   |  | Suite, Apt. #, etc.  |   |   | 7                   | DO N                                  | IOT WRITE IN T               | THIS SPACE   |                                  |  |
| City & State   | e ·   |  | City & State   | <del></del>   | - <u></u>   | 4. FEIN             | Number <b>65-0</b> 8                  | 350797                       | <del></del>  | Applied For<br>Not Applicabl     |  |
| Zip  |   | Country  | Zip  | Count   | ry  | 5. Certi            | ificate of Status D                   | esired                       | \$5.00   | dditional                        |  |
|  | 6. Name and                                     | d Address of Current                                 | Registered Agent   |   | Name  | 7. Nam              | e and Address o                       | of New Registe               | <u>_</u>   |                                  |  |
| KELLY, MICHAEL D<br>720 BALD EAGLE DRIVE   |   |  | ,  | ļ   |   |                     |                                       |                              |  | _ •                              |  |
|  |   |  |  |   | Street Addres   | ss (P.O. Box N      | Number is Not Ac                      | ceptable) .                  |  |                                  |  |
| MARCO IS   | SLAND FL 341                                    | 45   |  |   |   |                     |                                       |                              |  |                                  |  |
|  |   |  | Г  |   | FL Zip Code   |                     |                                       |                              | ode  |                                  |  |
| GNATURE  | •   | bmits this statement for                             | r the purpose of changing                                    |   | City d office or regis  |                     |                                       | ate of Florida.              | ATE  |                                  |  |
| GNATURE _  | •   | inted name of registered agent a                     | and title if applicable. ()  FILE  Make Check                | NOTE: Registered  | d office or regis   | uired when reinstat | 8000<br>-0                            | nate of Fiorida.             | ATE  | <br>                             |  |
| IGNATURE _   | Signature, typed or pri                         | inted name of registered agent a                     | and title if applicable. ()  FILE  Make Check                | NOTE: Registered  NOW!!! F Payable to   | Agent signature requirements  | uired when reinstat | 8000<br>-0                            | 0.325<br>5/18/00-            | ATE  | :6<br>-017<br>*50.00             |  |
| GNATURE _  | Signature, typed or pri                         | MANAGING MEMBERAL DISTRICT                           | FILE Make Check ERS/MEMBERS                                  | NOTE: Registered  NOW!!! F Payable to  10.  TITLE NAME \$TREE   | Agent signature requirements EE IS \$50.0 Department  | uired when reinstat | 8000<br>-0                            | 0.325<br>5/18/00-            | ATE 6536 -01009 - 010009 - 0100000 - 010000 - 010000 - 010000 - 010000 - 0100000 - 01000000 - 01000000 | :6<br>-017<br>*50.00             |  |
| GNATURE _  TLE  ME  REET ADDRESS  TY-ST-ZIP  | Signature, typed or pri                         | MANAGING MEMBERAL DISTRICT                           | FILE Make Check ERS/MEMBERS                                  | NOTE: Registered  NOW!!! F Payable to  10.  TITLE NAME \$TREE   | Agent signature requirements EEE IS \$50.0 Department   | uired when reinstat | 8000<br>-0                            | 0.325<br>5/18/00-            | ATE 6536 -01009 - 010009 - 0100000 - 010000 - 010000 - 010000 - 010000 - 0100000 - 01000000 - 01000000 | :                                |  |
| GNATURE _  TLE  ME  REET ADDRESS  TY-ST-ZIP  TLE  ME   | Signature, typed or pri                         | MANAGING MEMBERAL DISTRICT                           | FILE Make Check ERS/MEMBERS                                  | NOTE: Registered  NOW!!! F Payable to  10.  TITLE  NAME  CITY-  TITLE  NAME   | Agent signature requirements EEE IS \$50.0 Department   | uired when reinstat | 8000<br>-0                            | 0.325<br>5/18/00-            | ATE 01009010090100901009   | :                                |  |
| TLE THE REET ADDRESS TY-ST-ZIP TLE THE THE THE THE THE THE THE THE THE TH  | Signature, typed or pri                         | MANAGING MEMBERAL DISTRICT                           | FILE Make Check ERS/MEMBERS                                  | NOTE: Registered  NOW!!! F Payable to  10.  THILE MAME STREE CITY- THILE MAME STREE   | Agent signature requirements EEE IS \$50.0 Department   | uired when reinstat | 8000<br>-0                            | D325<br>5/18/00-<br>****50.0 | ATE 01009010090100901009   | :                                |  |
| ILE ME REET ADDRESS IY-ST-ZIP JLE ME REET ADDRESS IY-ST-ZIP JLE JME REET ADDRESS IY-ST-ZIP   | Signature, typed or pri                         | MANAGING MEMBERAL DISTRICT                           | FILE Make Check ERS/MEMBERS                                  | NOTE: Registered  NOW!!! F Payable to  10.  THILE MAME STREE CITY- THILE MAME STREE   | Agent signature requirements EEE IS \$50.0 Departments T ADDRESS ST-ZIP   | uired when reinstat | 8000<br>-0                            | D325<br>5/18/00-<br>****50.0 | ATE 01009010090100901009   | :                                |  |
| TLE IME REET ADDRESS TY-ST-ZIP TLE IME REET ADDRESS TY-ST-ZIP TLE IME REET ADDRESS   | Signature, typed or pri                         | MANAGING MEMBI<br>MEL D<br>IGLE DRIVE<br>ND FL 34145 | FILE Make Check  ERS/MEMBERS  Delete                         | NOTE: Registered  NOW!!! F Payable to  10. TITLE NAME STREE CITY- TITLE RAME 8 TREE CITY- TITLE RAME 8 TREE   | Agent signature requirements EEE IS \$50.0 Department T ADDRESS ST-ZIP  | uired when reinstat | 8000<br>-0                            | D325<br>5/18/00-<br>****50.0 | ATE  6535 -01009   | :                                |  |
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| IGNATURE   | MGR KELLY, MICH 720 BALD EA MARCO ISLA          | MANAGING MEMBERAL D  IGLE DRIVE  ND FL 34145         | FILE Make Check  ERS/MEMBERS  Delete  Delete  Delete  Delete | NOTE: Registered  NOW!!! F Payable to  10.  TITLE MAME STREE CITY- TITLE HAME STREE CITY- TITLE RAME STREE CITY- TITLE RAME STREE | Agent signature requirements  EE IS \$50.0  Department  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  | uired when reinstat | 8000<br>-0                            | D325<br>5/18/00-<br>****50.0 | ATE  |                                  |  |