

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 24 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001444

1. Entity Name
ESTERO 41 SELF-STORAGE, L.C.

Principal Place of Business
22200 SEASHORE CIRCLE
ESTERO FL 33928

Mailing Address
P.O. BOX 1133
ESTERO FL 33928-1133

2. Principal Place of Business

19580 S. TAMiami TRAIL

3. Mailing Address

Suite, Apt. #, etc.

City & State
FT Myers FL

Zip 33908 Country LEE

City & State

Zip Country

MMN

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0856668

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name JAMES J Murtaugh II
Street Address (P.O. Box Number is Not Acceptable)
22200 Seashore Circle
City ESTERO FL Zip Code 33928

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] V.O.M. 4-19-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Entity ID
51502 891

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600003244956--7
-05/09/00--01097--012
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURTAUGH, JAMES J 22200 SEASHORE CIRCLE ESTERO FL 33928	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURTAUGH, JAMES J II 22200 SEASHORE CIRCLE ESTERO FL 33928	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURTAUGH, DIANE C 22200 SEASHORE CIRCLE ESTERO FL 33928	<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"/> Delete

10. ADDITIONS/CHANGES

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

V.O.M. 4-19-00 941-988 267-0101

CR2E083 (9/99)