2001 UNIFORM BUSINESS REPORT (UBR)

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ALLSTATE MINI STORAGE, L.C.					FILED			
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Principal Plac	ce of Business	Mailing Address	, ,		•	-		
7 BARRACUDA LANE KEY LARGO FL 33037		7 BARRACUDA LANE KEY LARGO FL 33037			SECRE TALL-AI	TARY (FLO	ATE RIDA
2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	. #, etc.	: Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPA	CE	
City & Stat	te	City & State		4. FEI I	Number 65-0909551	.		plied For t Applicable
Zip	Country	Zip	Country		ificate of Status Desired	\$5	.00 Add	itional
	6. Name and Address of Current	Registered Agent		7. Nam	e and Address of New Reg		<u> </u>	· •
000006			Name					
CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR		∩R	Street A	ddress (P.O. Box N	Number is Not Acceptable)			
MIAMI FL								
			City		· .	FL	Zip Code	
				registered agent	or both, in the State of Florid	la		
8. The above	e named entity submits this statement fo	or the purpose of changing its	registered office or	registered agent,	or oom, into orano or , .oa.			
8. The above	e named entity submits this statement fo	or the purpose of changing its	registered office or	registered agent,				
	e named entity submits this statement for Signature, typed or printed name of registered agent		registered office or					
	·	and title if applicable. (NOTE	:: Registered Agent signat	ure required when reinstat				
	·	and title if applicable. (NOTE	Registered Agent signate	ure required when reinstat				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE FILE NO Make Check Par	Registered Agent signate	ure required when reinstat	ting)	DATE		
SIGNATURE	·	and title if applicable. (NOTE FILE NO Make Check Par	:: Registered Agent signate DW!!! FEE IS \$ yable to Departi	ure required when reinstat		DATE HANGES	Charige	☐ Addition
SIGNATURE 9. Title NAME	Signature, typed or printed name of registered agent MANAGING MEMB MGR WHITLEY, ADAM	and title if applicable. (NOTE FILE NO Make Check Pares	E: Registered Agent signate OW!!! FEE IS \$ yable to Departi 10. TITLE NAME	ure required when reinstat	ting)	DATE HANGES	Change	Addition
	Signature, typed or printed name of registered agent MANAGING MEMB MGR WHITLEY, ADAM 14812 BALGOWAN RD	and title if applicable. (NOTE FILE NO Make Check Pares	E: Registered Agent signate DW!!! FEE IS \$ yable to Departi 10. TITLE	ure required when reinstat	ting)	DATE HANGES	Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent MANAGING MEMB MGR WHITLEY, ADAM	and title if applicable. (NOTE FILE NO Make Check Pares	E: Registered Agent signate DW!!! FEE IS \$ yable to Depart 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ure required when reinstat	additions/Ch	DATE HANGES	Change	Addition
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