

# 2001 UNIFORM BUSINESS REPORT (UBR)

002 333 AF

DOCUMENT # L99000000662

1. Entity Name

BEACHSIDE MINI-STORAGE, L.L.C.

FILED

01 JAN 17 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

140 TOMAHAWK DRIVE  
INDIAN HARBOUR BEACH FL 32937

Mailing Address

P.O. BOX 580  
COCOA FL 32923

2. Principal Place of Business

3. Mailing Address

101 Central Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Indian Harbour Bch

4. FEI Number

59-3535846

Applied For

Not Applicable

Zip

Country

Zip

Country

32937

Brevard

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

HOOPER TRUST  
HOOPER, KIM B  
1539 N. COCOA BLVD.  
COCOA FL 32922

spelling

Name

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

City

FL

Zip Code

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGRM  
HOOPER, KIM B TRUSTEE  
STREET ADDRESS  
1539 N. COCOA BLVD.  
CITY-ST-ZIP  
COCOA FL 32922

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
000003568150--1  
01/23/01 01/23/01  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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

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 #

CR2E083 (11/00)