

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90055 016 \*\*\*\*50.00

**DOCUMENT # L99000001179**

1. Entity Name  
**KELLY ROAD SELF-STORAGE, L.L.C.**

Principal Place of Business

**14360 MCGREGOR BLVD  
 FT MYERS FL 33919**

Mailing Address

**14360 MCGREGOR BLVD  
 FT MYERS FL 33919**

2. Principal Place of Business

**11181 Kelly Road**

Suite, Apt. #, etc.

3. Mailing Address

**11181 Kelly Road**

Suite, Apt. #, etc.

City & State

**Fort Myers, Florida**

City & State

**Fort Myers, Florida**

Zip

**33908**

Country

**Lee**

Zip

**33908**

Country

**Lee**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CLAYPOOL, HAROLD C  
 14360 MCGREGOR BLVD  
 FT MYERS FL 33919**

7. Name and Address of New Registered Agent

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

*Harold C. Claypool*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-26-02**

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **CLAYPOOL, HAROLD C**  
 STREET ADDRESS **14360 MCGREGOR BLVD**  
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **MGR** ☒ Delete  
 NAME **JOINER, JAMES**  
 STREET ADDRESS **6204 SPANISH MAIN DR**  
 CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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:

*Harold C. Claypool*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/26/02 (239) 432-9661**

Date

Daytime Phone #

CR2E083 (9/01)