## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURÉ

2001	UNIFORM BUSI	NESS NEPUR	TI (ODIT)	, ¬		
DOCU 1. Entity Nam	MENT # L9900	0004415	FILED			
ARCHER	MINI STORAGE, L.L.C.	٤		00 JAN 12		
402 WEST HIGHWAY 24 P.		Mailing Address P.O. BOX 758 ARCHER FL 32618-0758		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal P	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		FOBOX 8'	1	DO NOT WRITE IN THIS SPACE		
City & State		City & State Archer, F	=	4. FEI Number Applied For Not Applicable		
Zip	Country		USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
0.1111	6. Name and Address of Current F	egistered Agent	Name	7. Name and Address of New Registered	Agent	
SMITH, RAY D 402 WEST HIGHWAY 24				P.O. Box Number is Not Acceptable)		
ARCHER	•		City	Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its re		ered agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicable (NOTE: Re	egistered Agent signature require	ed when reinstating} DATE		
	,	FILE NOV	VIII FEE IS \$50.00 ble to Department	·		
9.	MANAGING MEMBE	RS/MEMBERS	10.	ADDITIONS/CHANGE		_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, RAY D 402 WEST HIGHWAY 24 ARCHER FL 32618	□ Defects:	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ennona104	Change Addition	R2E083 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-21P	Delote TITU NAM STRI		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>500003104</del> -91/20/00( *****50.00	)10:544000 00 11 Addition (******50.00	<del>5</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delste	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delecto	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and to bility company or the receiver or trustee	nat my signature shall have the	e exemption stated in S same legal effect as if	Section 119.07(3)(i), Florida Statutes. I further commade under oath; that I am a managing memboter 608, Florida Statutes.	ertify that the information er or manager of the	