

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90024 023 ****50.00

DOCUMENT # L99000005457

1. Entity Name

SAF-T STORAGE II, L.C.

Principal Place of Business

4216 W. GUNN HWY.
TAMPA FL 33624

Mailing Address

13000 W. ROCKLAND RD.
LAKE BLUFF IL 60044

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

71-6930775

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CCEO
NAGEL, MATTHEW M
13000 W. ROCKLAND RD.
LAKE BLUFF IL 60044

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Metro Storage LLC
13000 Rockland Road
LAKE BLUFF, IL 60044

☒ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
NAGEL, K. BLAIR
13000 W. ROCKLAND RD.
LAKE BLUFF IL 60044

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
GALLAGHER, MARTIN J
13000 W. ROCKLAND RD.
LAKE BLUFF IL 60044

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

Martin J. Gallagher **REQUIRED**

Date

Daytime Phone #

CR2E083 (9/01)