

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **L99/5681**
Entity Name
Olde Naples Self Storage South

00 MAY -4 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
275 Goodlette Frank RD

Mailing Address

3. Mailing Address
24850 Burnt Pine Dr
Suite, Apt. #, etc.
4

City & State
Naples, FL
Zip
34102
Country
USA

City & State
Bonita Springs, FL
Zip
34134
Country
USA

4. FEI Number
65-0956215
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Olde Naples Self Storage South
1601 Gulf Shore Blvd., #6
Naples, FL 34102
Attention: Henry Halle

7. Name and Address of New Registered Agent
Name
Mark K. Rasmus
Street Address (P.O. Box Number is Not Acceptable)
24850 Burnt Pine Drive, #4
City
Bonita Springs, FL Zip Code
34134

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 **Mark K. Rasmus** DATE **May 1, 2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Mark K. Rasmus 24850 Burnt Pine Drive, #4 Bonita Springs, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700003279527--3 05/07/00 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Henry Halle 1601 Gulf Shore Drive, #6 Naples, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Ezon Corporation 1100 5th Ave South Naples, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Mark K. Rasmus** 5/1/00 (941)949-6855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)