

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005681

1. Entity Name
OLDE NAPLES SELF STORAGE SOUTH, LLC

Principal Place of Business
275 GOODLETTE FRANK RD.
NAPLES FL 34102

Mailing Address
24850 BURNT PINE DR.
BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address
8880 Terrene Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Bonita Springs, FL

4. FEI Number
65-0956215

Applied For
Not Applicable

Zip

Country

Zip
34135

Country
USA

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

TACKETT, JACK
24850 BURNT PINE DRIVE, SUITE 4
BONITA SPRINGS FL 34134

Name Mark K. Rasmus

Street Address (P.O. Box Number is Not Acceptable)
8880 Terrene Court

City Bonita Springs FL Zip Code 34135

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



Mark K. Rasmus

4/23/01

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

200004221542--4
-05/17/01--01019--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME HALLE, HENRY
STREET ADDRESS 1601 GULF SHORE BLVD., NORTH #6
CITY-ST-ZIP NAPLES FL 34102

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

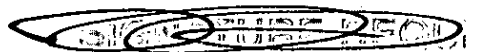
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:



Mark K. Rasmus

4/23/01

(941) 949-6855

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

Date

Daytime Phone #

APPROVED
AND
FILED

01 APR 26 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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