

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006059**

1. Entity Name

ACE STORAGE FACILITIES, LLC

FILED

00 JAN 20 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

845 BERKLEY ROAD
AUBURNDAL FL 33823

Mailing Address

845 BERKLEY ROAD
AUBURNDAL FL 33823-9560

2. Principal Place of Business

330 N. Commonwealth Ave.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 856
Suite, Apt. #, etc.

City & State

Polk City, Florida

City & State

Polk City, Florida

4. FEI Number

59-3602328

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRASIER, DONALD W
845 BERKLEY ROAD
AUBURNDAL FL 33823

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **FRASIER, DONALD W**
CITY-ST-ZIP **845 BERKLEY ROAD**
AUBURNDAL FL 33823

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **DUNN, BOBBY A**
CITY-ST-ZIP **11751 DEEN STILL ROAD**
POLK CITY FL 33868

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 **200003111882--9**
CITY-ST-ZIP **-01/26/00--01112--002**
*******55.00 *****55.00**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/17/00
Date

Daytime Phone #