

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90089 028 ****50.00

DOCUMENT # L99000007619

1. Entity Name

BEACH AC MINI-STORAGE, LLC

Principal Place of Business

**101 CENTRAL ROAD
INDIAN HARBOUR BEACH FL 32937**

Mailing Address

**101 CENTRAL ROAD
INDIAN HARBOUR BEACH FL 32937**

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 **59-3609168**

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

**HOOPER, KIM B
1539 N. COCOA BLVD
COCOA FL 32922**

Name

Hooper, Kim B., TTEE

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

101 Central Rd

City

Indian Harbour Bch

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Kim B. Hooper, TTEE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-12-02

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE **MGRM**
NAME **HOOPER FAMILY TRUST, KIM HOOPER TRUSTEE**
STREET ADDRESS **1539 N. COCOA BLVD.**
CITY-ST-ZIP **COCOA FL 32922**

☐ Delete

TITLE **MGRM**
NAME **Hooper Family Trust**
STREET ADDRESS **Kim B. Hooper, TTEE**
CITY-ST-ZIP **101 Central Rd**
Indian Harbour Bch, FL 32937

☒ Change

☐ Addition

TITLE
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☐ 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: **Kim B. Hooper, TTEE**

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

7-12-02

(321) 777-6464

Date

Daytime Phone #

CR2E083 (4/02)