

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90019 034 ****50.00

DOCUMENT # M01000000242

1. Entity Name

STAVOLA "326" SELF STORAGE, LLC

Principal Place of Business

**150 NE 95TH STREET(P.O. BOX 1209)
ANTHONY FL 32617**

Mailing Address

**150 NE 95TH STREET(P.O. BOX 1209)
ANTHONY FL 32617**

2. Principal Place of Business

151 N.E. 95th St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1209

Suite, Apt. #, etc.

City & State

Anthony, FL

City & State

Anthony, FL

Zip
32617

Country
Marion

Zip
32617

Country
Marion

4. FEI Number
22-3775303

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOUGHTON, WILLIAM W III
150 NE 95TH STREET
ANTHONY FL 32617**

7. Name and Address of New Registered Agent

Name

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

151 N.E. 95th Street

City
Anthony

FL

Zip Code
32617

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

William W. Houghton, Gen. Mgr.

William W. Houghton, Gen. Mgr.

3/27/02

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STAVOLA, JOSEPH M
P.O. BOX 419
KINGSTON NJ 08528** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STAVOLA, WILLIAM H
P.O. BOX 419
KINGSTON NJ 08528** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
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: *William H. Stavola* **William H. Stavola 3/27/02 352-629-9715**

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

Date

Daytime Phone #

CR2E083 (9/01)