2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am DOCUMENT # N98000001932 **Secretary of State** MISSION BAY COMMERCIAL CENTER, INC. 02-13-2002 90165 037 ****61.25 Principal Place of Business Mailing Address MISSION BAY SELF STORAGE MISSION BAY SELF STORAGE 20273 STATE RD #7 20273 STATE RD #7 BOCA RATON FL 33498 **BOCA RATON FL 33498** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0723665 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCHULMAN, NORMAN 23423 SERENE MEADOW DR S **BOCA RATON FL 33428** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Ç, Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change PD Addition TITLE ☐ Delete TITLE NAME HEAD, THOMAS A NAME STREET ADDRESS STREET ADDRESS 2650 N.W. 23RD WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** V D Change ☐ Addition ☐ Delete TITLE TITLE Rosemungy, James M 1600 Royal Palm Way ROSEMURGY, JAMES M NAME NAME STREET ADDRESS STREET ADDRESS 2844 BANYAN BOULEVARD N.W. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Boca Rata, 71. 33432 ☐ Change Addition STD ☐ Delete TITLE WOCHNA, GERALD M NAME NAME STREET ADDRESS STREET ADDRESS 2095 N.W. 30TH ROAD CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33431** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like emp TARBIAR BIERELPATE SIGNATURE:

12. Thereby 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

SIGNATURE AND TYPED OR PRINTED NAME OR IGMING OFFICER OR DIRECTOR

CITY-ST-ZIP

CR2E037 (9/01