

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90271 022 ***150.00

DOCUMENT # P01000002036

1. Entity Name

ARGYLE FOREST MINI-STORAGE, INC.

Principal Place of Business

~~4540 SOUTHSIDE BLVD SUITE 302~~
~~JACKSONVILLE FL 32216~~

Mailing Address

~~4540 SOUTHSIDE BLVD SUITE 302~~
~~JACKSONVILLE FL 32216~~

2. Principal Place of Business

4315 PABLO OAKS COURT

Suite, Apt. #, etc.

SUITE 1

3. Mailing Address

4315 PABLO OAKS COURT

Suite, Apt. #, etc.

SUITE 1

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32224-9667

Country

USA

Zip

32224-9667

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

~~HURST, CHRISTOPHER J~~
~~4540 SOUTHSIDE BLVD SUITE 302~~
~~JACKSONVILLE FL 32216~~

7. Name and Address of New Registered Agent

Name **BRAREN, MICHAEL E.**

Street Address (P.O. Box Number is Not Acceptable)
4315 PABLO OAKS COURT, SUITE 1

City **JACKSONVILLE**

FL

Zip Code
32224

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

Michael E. Braren

Michael E. Braren

4/17/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing.
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	HURST, CHRISTOPHER J	4540 SOUTHSIDE BLVD SUITE 302	JACKSONVILLE FL 32216	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DP	STOKES, E. CHESTER, JR.	4315 PABLO OAKS COURT, SUITE 1	JACKSONVILLE, FL 32224-9667	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DV	BERGMANN, THOMAS C.	4315 PABLO OAKS COURT, SUITE 1	JACKSONVILLE, FL 32224-9667	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DV	BRAREN, MICHAEL E.	4315 PABLO OAKS COURT, SUITE 1	JACKSONVILLE, FL 32224-9667	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DV	ZYSKI, JERRY	4315 PABLO OAKS COURT, SUITE 1	JACKSONVILLE, FL 32224-9667	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VT	FREDENHAGEN, SHARON W.	4315 PABLO OAKS COURT, SUITE 1	JACKSONVILLE, FL 32224-9667	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	HICE, SHERRY	4315 PABLO OAKS COURT, SUITE 1	JACKSONVILLE, FL 32224-9667	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CR2E034 (9/01)

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherry Hice
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry Hice, Secretary

4/17/02

904/482-1100

Date

Daytime Phone #