

#558.75

# FOR PROFIT CORPORATION - UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 18 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01 0000 06009

1. Entity Name

USA STOR-A-WAY GP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

467 Still Forest Terrace

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Sanford, FL

City &amp; State

4. FEI Number

56-2287434

Applied For

Not Applicable

Zip

32771

Country

USA

Zip

Country

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Gary V. Cardamone

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

467 Still Forest Terrace

City

Sanford

FL

Zip Code

32771

DO NOT WRITE  
IN THIS SPACE

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 registering)

DATE

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

January 1 - May 1 - Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	Director
NAME	Gary Cardamone
STREET ADDRESS	467 Still Forest Terrace
CITY-STATE-ZIP	Sanford, FL 32771

TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Cardamone

5/31/02

Date

407.302-4071

Daytime Phone #

CR2E034B (12/01)