

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90041 016 ***150.00

DOCUMENT # P01000054612

1. Entity Name
AFFORDABLE SELF STORAGE, INC.



Principal Place of Business
**1132 S MAIN ST
GAINESVILLE FL 32601**

Mailing Address
**101 NW 75 ST
#1
GAINESVILLE FL 32607**

22004585



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4907 NW 43rd ST, F

City & State

City & State

Gainesville, FL

Zip

Country

Zip

Country

32606

USA

4. FEI Number **59-3729474**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURNANE, PATRICK
101 NW 75 ST
#1
GAINESVILLE FL 32607**

Name **Murnane Patrick**

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

4907 NW 43rd ST, Suite F

City **Gainesville**

FL

Zip Code

32606

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

Patrick Murnane
(NOTE: Registered Agent signature required when reinstating)

2-5-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PLA, JOHN M**
STREET ADDRESS **101 NW 75 ST, #1**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☒ Change ☐ Addition
NAME **4907 NW 43rd ST, Suite F**
STREET ADDRESS **Gainesville, FL 32606**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MURNANE, PATRICK**
STREET ADDRESS **101 NW 75 ST, #1**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☒ Change ☐ Addition
NAME **4907 NW 43rd ST, Suite F**
STREET ADDRESS **Gainesville, FL 32606**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MURNANE, MARIA**
STREET ADDRESS **101 NW 75 ST, #1**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☒ Change ☐ Addition
NAME **4907 NW 43rd ST, Suite F**
STREET ADDRESS **Gainesville, FL 32606**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Patrick Murnane**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)