

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90336 026 ***150.00

DOCUMENT # P01000059984
1. Entity Name
KROME SELF STORAGE, INC.

Principal Place of Business **Mailing Address**
1977 DUNDEE DRIVE **P O BOX 4961**
WINTER PARK FL 32792 **ORLANDO FL 32802-4961**

2. Principal Place of Business **3. Mailing Address**
1977 Dundee Drive **1977 Dundee Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Winter Park, FL **Winter Park, FL**
Zip **Country** **Zip** **Country**
32792 **USA** **32792** **USA**

4. FEI Number **Applied For**
59-3725586 **Not Applicable**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DU1U1074



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
B & C CORPORATE SERVICES
390 N ORANGE AVE STE 1100
ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name **A-S-Development, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
1977 Dundee Drive
City **FL** **Zip Code**
Winter Park **32792**

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]* **Shane Acevedo, President** **4/15/02**
* 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	D ACEVEDO, SHANE L 1977 DUNDEE DRIVE WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPHERD, THOMAS H 1977 DUNDEE DRIVE WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **Thomas Shepherd, Director** **4/15/02** **(407) 657-1113**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)