

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90120 001 ***150.00

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DOCUMENT # P01000059984

1. Entity Name
KROME SELF STORAGE, INC.



Principal Place of Business
**1977 DUNDEO DRIVE
WINTER PARK FL 32792**

Mailing Address
**P O BOX 4961
ORLANDO FL 32802-4961**

41043000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3725586**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**B & C CORPORATE SERVICES
390 N ORANGE AVE STE 1100
ORLANDO FL 32801**

Name **A & S Development, Inc.**

Street Address (P.O. Box Number is Not Acceptable)
1977 Dundee Drive

City **Winter Park** **FL** Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Shane L. Acevedo President

4/28/03

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

(NOTE: Registered Agent signature required when reinstating)

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 **ACEVEDO, SHANE L**
STREET ADDRESS **1977 DUNDEE DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **P, S, T** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SHEPHERD, THOMAS H**
STREET ADDRESS **1977 DUNDEE DRIVE**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **VP** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

4/28/03 (407) 657-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shane L. Acevedo President

CR2E034 (10/02)