

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0576142 AV

DOCUMENT # **P01000084848**

1. Entity Name
BROOKSVILLE MINI STORAGE, INC.



APPROVED
AND
FILED

03 SEP 11 PM 2:55

Principal Place of Business
**23197 WHITMAN ROAD
BROOKSVILLE FL 34601**

Mailing Address
**23197 WHITMAN ROAD
BROOKSVILLE FL 34601**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21355 Yontz Rd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Zip

34601

Country

USA

Country

4. FEI Number **59-3743842**

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

**FREKEY, EDWARD H
6195 FREEPORT DR
SPRING HILL FL 34608**

7. Name and Address of New Registered Agent

Name **CARL W. RATLIFF**

Street Address (P.O. Box Number is Not Acceptable)
23197 Whitman Rd.

City **Brooksville**

FL

Zip Code

34601

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

Carl W. Ratliff - President

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

(NOTE: Registered Agent signature required when reinstating)

9/9/03

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	RATLIFF, CARL W	
STREET ADDRESS	23197 WHITMAN ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	VD D	<input type="checkbox"/> Delete
NAME	RATLIFF, EILEEN W	
STREET ADDRESS	23197 WHITMAN ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Carl W. Ratliff, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)