

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90271 023 ***150.00

DOCUMENT # P01000100113

1. Entity Name

ARGYLE FOREST SELF STORAGE, INC.

Principal Place of Business

**4315 PABLO OAKS COURT SUITE 1
 JACKSONVILLE FL 32224**

Mailing Address

**4315 PABLO OAKS COURT SUITE 1
 JACKSONVILLE FL 32224**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32224-9667

32224-9667

4. FEI Number

☒ 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

HURST, CHRISTOPHER J

**4540 SOUTHSIDE BLVD SUITE 302
 JACKSONVILLE FL 32216**

Name

BRAREN, MICHAEL E.

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

4315 PABLO OAKS COURT, SUITE 1

City

JACKSONVILLE

FL

Zip Code
32224

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

Michael E. Braren

Michael E. Braren

4/17/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	HURST, CHRISTOPHER J	
CITY-ST-ZIP	4540 SOUTHSIDE BLVD SUITE 302 JACKSONVILLE FL 32216	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	STOKES, E. CHESTER, JR.	
CITY-ST-ZIP	4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667	
TITLE NAME	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	BERGMANN, THOMAS C.	
CITY-ST-ZIP	4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667	
TITLE NAME	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	BRAREN, MICHAEL E.	
CITY-ST-ZIP	4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667	
TITLE NAME	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	ZYSKI, JERRY	
CITY-ST-ZIP	4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667	
TITLE NAME	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	FREDENHAGEN, SHARON W.	
CITY-ST-ZIP	4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667	
TITLE NAME	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	HICE, SHERRY	
CITY-ST-ZIP	4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667	

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:

Sherry Hice

Sherry Hice, Secretary

4/17/02

904/482-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)