

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-08-2004 90187 044 ***150.00
07-21-2004 90022 033 ***400.00

03003016

DOCUMENT # P03000121554 1. Entity Name BUCKEYE SELF STORAGE OF PLANT CITY, INC.					
Principal Place of Business 4855 10TH AVENUE S.W. NAPLES, FL 34116			Mailing Address 4855 10TH AVENUE S.W. NAPLES, FL 34116		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0358201	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WEBRE, HAROLD J ESQ. COLEMAN & JOHNSON, P.A. 4001 TAMiami TRAIL N., SUITE 300 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PVST YOCOM, BENJAMIN C JR 4855 10TH AVENUE S.W. NAPLES, FL 34116	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOCOM, BENJAMIN C JR 4855 10TH AVENUE S.W. NAPLES, FL 34116	☐ Delete			
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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: <u>B. C. Yocom Jr</u> PRES BENJAMIN C. Yocom Jr 6/30/04 239-289-49 38 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					