2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90314 041 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000063125

1. Entity Name

PONTE VEDRA MINI STORAGE, INC.

Principal Place of Business	Mailing Address
1219 CREEKVIEW WAY PONTE VEDRA BEACH FL 32082	PO BOX 1397 PONTE VEDRA BEACH FL 32004-1397 US

2. Principal Place of Business		3. Mailing Address	
5750 PALM VALLEY ROAD		5150 PALM VALLEY ROAD	
Suite, Apt. #, etc. BLDG 2 STE 100		Suite, Apt. #, etc. BLDG 2 STE 100	
City & State PONTE VEDRA BEACH, FL		City & State PONTE VEDRA BEACH FL	
Zip 32082	Country	Zip 32082	Country

4. FEI Number 59-3202012 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZYSKI, JEROME J
12305 ARBOR DR.
PONTE VEDRA BEACH FL 32082

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.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ZYSKI, JEROME J		NAME		
STREET ADDRESS	12305 ARBOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROGERS, J R		NAME		
STREET ADDRESS	8010 WHISPER LAKE LN		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

Sign Here

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] SIGNATURE REQUIRED 3/31/00 904 280 8010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)