

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000018994

1. Entity Name

AAA ON-SITE STORAGE, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90085 045 ***150.00

Principal Place of Business

4004 S. 50TH STREET
TAMPA FL 33619

Mailing Address

4004 S. 50TH STREET
TAMPA FL 33619-6728

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

ANNA MARIA, FL

Zip

Country

Zip

Country

34216

FLORIDA

4. FEI Number

65-0472770

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

ZIGULICH, JR. J

4004 S. 50TH ST
TAMPA FL 33619

Name

JOSEPH D. Zigulich Jr

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

217 OAK AVE (P.O. Box 708)

City

ANNA MARIA

FL

Zip Code

34216

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/00

9. This corporation is eligible to satisfy the 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 ☐ Delete
NAME P
STREET ADDRESS ZIGULICH, JOSEPH D., JR.
CITY-ST-ZIP 4004 S. 50TH ST
TAMPA FL 33619

TITLE ☐ Delete
NAME C
STREET ADDRESS BASEMAN, STEPHEN J.
CITY-ST-ZIP 4004 S. 50TH ST
TAMPA FL 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME address
STREET ADDRESS 217 OAK AVE (P.O. Box 708)
CITY-ST-ZIP ANNA MARIA, FL 34216

TITLE ☒ Change ☐ Addition
NAME address
STREET ADDRESS 217 OAK AVE (P.O. Box 708)
CITY-ST-ZIP ANNA MARIA, FL 34216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

813-623-1414

Daytime Phone #

CR2E034 (9/99)