2000 UNIFORM BUSINESS REPORT (UBR)

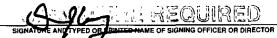
FILED DOCUMENT # **P9400066958** Apr 27, 2000 8:00 am Secretary of State AAA MINI STORAGE OF NEW SMYRNA BEACH AIRPARK DIV 04-27-2000 90087 029 ***150.00 Principal Place of Business Mailing Address 720 MAGNOLIA ST 720 MAGNOLIA AVE. NEW SMYRNA BEACH FL 32168-7438 NEW SMYRNA BEACH FL 32168 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3269268 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ____ - Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILEY, DAVID J Street Address (P.O. Box Number is Not Acceptable) 720 MAGNOLIA AVE. **NEW SMYRNA BEACH FL 32168** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPST Change ☐ Addition ☐ Delete TITLE TITLE WILEY, DAVID J NAME 720 MAGNOLIA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168** Change Addition TITLE □ Delete TITLE NAME verrone, louis NAME STREET ADDRESS 720 MAGNOLIA ST STREET ADDRESS **NEW SMYRNA BCH FL** CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE WILEY, DAVID J NAME NAME STREET ADDRESS 720 MAGNOLIA ST STREET ADDRESS **NEW SMYRNA BEACH FL 32168** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP



4/20/2000

904458840

Daytime Phone #