2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address 9000 BURMA ROAD

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

PALM BEACH GARDENS FL 33403

SUITE 102

US

P94000067839 DOCUMENT

1. Entity Name

Principal Place of Business

PALM BEACH GARDENS FL 33403

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SÎGNATURE

9000 BURMA ROAD

SUITE 102

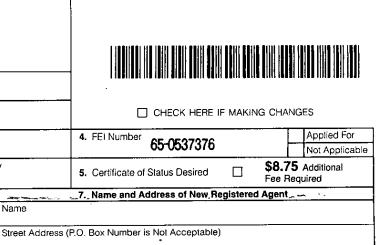
us

BEACH SELF STORAGE, INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90486 036 ***150.00



MINKER, JULES S. 9000 BURMA ROAD SUITE 102 PALM BEACH GARDENS FL 33403

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

6. Name and Address of Current Registered Agent.

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.

City

Country

FILE NOW!!! FEE IS \$150.00

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change TITLE ☐ Delete TITLE NAME MINKER, JULES S NAME STREET ADDRESS 9000 BURMA ROAD SUITE 102 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33403 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change " TITLE 'Delete ' TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete TIT1.E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

