

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 31 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 994000072222

1. Entity Name

Eagle Mini Storage Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

304 Buttrwood Ln

Suite, Apt. #, etc.

3. Mailing Address

304 Buttrwood Ln

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Largo FL

City & State

Largo FL

4. FEI Number

59-3273944

Applied For

Not Applicable

Zip

33770

Country

US

Zip

33770

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Kenneth P. Frayle

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

304 Buttrwood Lane

City

Largo

FL

Zip Code

33770

**DO NOT WRITE  
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

1) Frayle, Kenneth  
304 Buttrwood Ln  
Largo FL 33770

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

400005763924--3  
-06/12/02--01077-023  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/02

727 3470824

CR2E034B (12/01)