

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90165 025 ***150.00

DOCUMENT # P95000052229

1. Entity Name
BAYMEADOWS SELF STORAGE, INC.



Principal Place of Business
**8282 WESTERN WAY CIRCLE
SUITE 1209
JACKSONVILLE FL 32256
US**

Mailing Address
**8282 WESTERN WAY CIRCLE
SUITE 1209
JACKSONVILLE FL 32256
US**



2. Principal Place of Business

9000 Cypress Green Drive

3. Mailing Address

9000 Cypress Green Drive

Suite, Apt. #, etc.

Suite 102-B

Suite, Apt. #, etc.

Suite 102-B

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32256

Country

32256

Zip

32256

Country

4. FEI Number

59-3336574

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MAIMAN, LEONARDO J ESQ
50 NORTH LAURA STREET
SUITE 2500
JACKSONVILLE FL 32202**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JAFFA, JAMES B**
STREET ADDRESS **8282 WESTERN WAY CIRCLE, STE 1209**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☐ Delete
NAME **JAFFA, IRENE K**
STREET ADDRESS **8282 WESTERN WAY CIRCLE, STE 1209**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9000 Cypress Green Drive Ste 102-B**
CITY-ST-ZIP **Jacksonville FL 32256**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9000 Cypress Green Drive Ste 102-B**
CITY-ST-ZIP **Jacksonville FL 32256**

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CITY-ST-ZIP

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

12. 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, without other like empowerment.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

3 April 03

Date

904-733-4490

Daytime Phone #

CR2E034 (10/02)