FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

GNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DI

SIGNATURE:

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P96000011253 AAA STORAGE TRAILERS, INC. 04-05-2001 90003 044 ***150.00 Principal Place of Business Mailing Address 4535 S DALE MABRY HWY 4535 S DALE MABRY HWY TAMPA FL 33611 **TAMPA FL 33611** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #! etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3362916 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAN MARTIN JR. JIMMY Street Address (P.O. Box Number is Not Acceptable) 4535 S DALE MABRY HWY **TAMPA FL 33611** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE Change ☐ Addition NAME SAN MARTIN JR, JIMMY NAME SAN MARTIN JR, JIMMY STREET ADDRESS STREET ADDRESS 5605 S WESTSHORE BLVD 4535 S DALE MABRY HWY CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TAMPA, FL 33611 TITLE ۷D ☐ Delete TITLE Change ☐ Addition SAN MARTIN, LILY NAME NAME SAN MARTIN, LILY STREET ADDRESS STREET ADDRESS 5605 S WESTSHORE BLVD 4535 S DALE MABRY HWY City-st-zip --CITY-ST-ZIP TAMPA FL STD TITLE ☐ Delete TITLE ☐ Addition SAN MARTIN, MICHELLE L NAME NAME KOSTO, MICHELL LEE STREET ADDRESS 5605 S WESTSHORE BLVD STREET ADDRESS 4535 S DALE MABRY HWY TAMPA, FL 33611 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE Change ☐ Addition MITCHELSON, GINA L NAME NAME TERLIZZI, GINA LYNN STREET ADDRESS 5605 S WESTSHORE BLVD STREET ADDRESS 4535 S DALE MABRY HWY CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TAMPA, FL 33611 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

APRIL 2, 2001

(813) 837-5602