

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033620

1. Entity Name

AMERICA U-STORE IT OF PALATKA, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90151 048 ***150.00

Principal Place of Business

2520 REID STREET
 PALATKA FL 32177
 US

Mailing Address

444 SEABREEZE BLVD., SUITE 200
 DAYTONA BEACH FL 32118
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FCI Number 59-3375000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SANGEETA, BHOOLA
 444 SEABREEZE BLVD., SUITE 200
 DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

Daytona Beach

32118

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 of your principal or current registered agent and the filer (signature)

MANOJ BHOOLA

(NOTE: Registered Agent's signature required when changing agent)

4.17.01

(DATE)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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-STATE-ZIP	P BHOOLA, MOHAN 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH FL 32118 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BHOOLA, MANOJ 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH FL 32118 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 any other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANOJ BHOOLA

4.17.01

386-255-2577

CR2E034 (10/00)