

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033623

1. Entity Name

AMERICA U-STORE IT OF ST. AUGUSTINE, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90020 037 ***150.00

Principal Place of Business

Mailing Address

1111 N PONCE DE LEON BLVD
ST AUGUSTINE FL 32084
US

1111 N PONCE DE LEON BLVD
ST AUGUSTINE FL 32084-3124
US

2. Principal Place of Business

4524 U.S. 1 North

3. Mailing Address

444 Seabreeze Blvd.

Suite, Apt. #, etc.

(Suite) Apt. #, etc.

City & State

St Augustine, FL

City & State

Daytona Bch FL

Zip

32095

Country

Zip

32118

Country

U.S.

4. FEI Number

59-3374999

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANGEETA, BHOOLA
1111 N PONCE DE LEON BLVD
ST AUGUSTINE FL 32084

Name

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

444 Seabreeze Blvd Suite 200

City

Daytona Bch

FL

Zip Code

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]

Sangeeta Bhoola

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

(NOTE: Registered Agent's 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BHOOLA, MOHAN	
STREET ADDRESS	1111 N PONCE DE LEON BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BHOOLA, MANOJ	
STREET ADDRESS	1111 N PONCE DE LEON BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	444 Seabreeze Blvd Suite 200
CITY-ST-ZIP	Daytona Bch, FL 32118
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	444 Seabreeze Blvd. Suite 200
CITY-ST-ZIP	Daytona Bch FL 32118
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2000

Date

Daytime Phone #

CR2E034 (9/99)