2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # **P96000097992** SUNDANCE SELF STORAGE OF RAMPOD KEY, INC. 03-21-2000 90088 028 ***150.00 Mailing Address Principal Place of Business POST OFFICE BOX 664 MILE MARKER 27, U.S. HIGHWAY 1 SUMMERLAND KEY FL 33042 RAMROD KEY FL 33042 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. - City & State 4. FE! Number Applied For City & State ---65-0737461 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 . Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition **PSTD** ☐ Defete TITLE TITLE GLENN, JOSEPH P NAME NAME STREET ADDRESS STREET ADDRESS MILE MARKER 27, U.S. HIGHWAY 1 CITY-ST-ZIP CITY-ST-ZIP RAMROD KEY FL 33042 Change Addition ☐ Delete TITLE NAME GLENN, WENDY NAME STREET ADDRESS STREET ADDRESS 867 E. CARIBBEAN DR CITY-ST-ZIP CITY-ST-ZIP SUMMERLAND KEY FL 33042 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE TITLE - Delete · NAME 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 tostee 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 of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporati

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR