

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90065 043 \*\*\*150.00

03/5230

**DOCUMENT # P97000031896**

**1. Entity Name**

**BAYONET SELF STORAGE, INC.**

**Principal Place of Business**

7132 SR 52  
BAYONET POINT FL 34667  
US

**Mailing Address**

7068 PEBBLE BEACH LN  
LARGO FL 33777  
US

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-3443977**

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**

GOTTLIEB & GOTTLIEB PA  
2475 ENTERPRISE RD STE 100  
CLEARWATER FL 34623

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.**

**SIGNATURE**

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

(NOTE: Registered Agent 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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	S	<input type="checkbox"/> Delete
NAME	CULBERSON, JOY L	
STREET ADDRESS	7132 SR 52	
CITY-ST-ZIP	BAYONET POINT FL 34667	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULBERSON, JAMES B	
STREET ADDRESS	7068 PEBBLE BEACH LN	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

*Joy L. Culberson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joy L. Culberson, Sec. 2/16/01

Date

727-868-5900

Daytime Phone #

CR2E034 (10/00)