

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90036 048 ***150.00

DOCUMENT # **P97000031896** ✓

1. Entity Name

BAYONET SELF STORAGE, INC.

DO NOT WRITE IN THIS SPACE

822237

2. Principal Place of Business

7132 SR 52

Suite, Apt. #, etc.

Bayonet Point, FL

City & State

3. Mailing Address

7132 SR 52

Suite, Apt. #, etc.

Bayonet Point, FL

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3443977

Applied For

Not Applicable

Zip

34667

Country

USA

Zip

34667

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gottlieb & Gottlieb PA

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

2475 Enterprise Road

Suite 100

City

Clearwater

FL

Zip Code

34623

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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-ST-ZIP
S
CULBERSON, JOY L.
7132 SR 52
BAYONET POINT, FL 34667

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CULBERSON, JAMES B
7132 SR 52
BAYONET POINT, FL 34667

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-868-5900

CR2E034B (12/01)