

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

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90140 009 ***150.00

DOCUMENT # **P97000031896**

1. Entity Name

Bayonet Self Storage, Inc.



DO NOT WRITE IN THIS SPACE

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

Zip

34667

Country

USA

Zip

34667

Country

USA

4. FEI Number

59-3443977

Applied For

Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M/D CULBERSON, JAMES B. 7132 SR 52 BAYONET POINT, FL 34667	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James B Culberson 3/22/03

Date

727-868-5900

Daytime Phone #

CR2E034B (12/02)