

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034991

1. Entity Name

MOLINO MINI-STORAGE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90091 015 ***150.00

Principal Place of Business

Mailing Address

9580 NORTH BARTH ROAD
MOLINO FL 32577

9580 NORTH BARTH ROAD
MOLINO FL 32577-9229

2. Principal Place of Business

3. Mailing Address

5860 Hwy 29 N
Suite, Apt. #, etc.
MOLINO FL

5860 Hwy 29 N
Suite, Apt. #, etc.

City & State

City & State

MOLINO FL

4. FEI Number

59-3448859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

32577

Country

FLORIDA

Zip

32577

Country

FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALONE, HARVEY R
9580 NORTH BARTH ROAD
MOLINO FL 32577

Name

CAROLYN SWINDALL

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

5860 Hwy 29 N

City

MOLINO

FL

Zip Code

32577

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, 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 ☒ Delete
NAME D
STREET ADDRESS MALONE, HARVEY R
CITY-ST-ZIP 9580 NORTH BARTH ROAD
MOLINO FL 32577

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS CAROLYN SWINDALL
CITY-ST-ZIP 5860 Hwy 29 N
MOLINO FL 32577

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

CAROLYN SWINDALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4-25-00
Daytime Phone # (850) 587-5871

CR2E034 (9/99)