2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 12, 2000 8:00 am DOCUMENT # P97000037899 **Secretary of State** 1. Entity Name THE SELF-STORAGE DEPOT. INC. 01-12-2000 90013 008 ***150.00 Principal Place of Business Mailing Address 4841 WEST HILLSBORO BLVD. 4841 WEST HILLSBORO BLVD. COCONUT CREEK FL 33073 COCONUT CREEK FL 33073-4306 [[[[]]]]] 2. Principal Place of Business 3. Mailing Address 4801 WEST HILLSBORD BLID DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For COCONUT CREEK FL. 65-0753811 Not Applicable Zip 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 MANGONE, MARIO Street Address (P.O. Box Number is Not Acceptable) 4841 WEST HILLSBORO BLVD. COCONUT CREEK FL 33073 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. Atter 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME MANGONE, MARIO NAME STREET ADDRESS 4841 WEST HILLSBORO BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Delete Change ☐ Addition TITLE NAME CURRA, MARINO STREET ADDRESS STREET ADDRESS 4841 WEST HILLSBORO BLVD. CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33073 -Delete Addition -TITLE SD. TITLE -Change NAME MANGONE, VINCENT NAME STREET ADDRESS STREET ADDRESS 4841 WEST HILLSBORO BLVD. CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33073 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR