

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

FILED

DOCUMENT # P97000062086

1. Entity Name

ASSURED SELF STORAGE, INC

02 OCT 14 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

700008316217--5
-10/11/02--01004--002
****750.00 ****750.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

510 Douglas Avenue

Suite, Apt. #, etc.

3. Mailing Address

510 Douglas Avenue

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

4. FEI Number

59-3498035

Applied For

Not Applicable

Zip

32714

Country

Seminole

Zip

32714

Country

Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Clark, Linda C

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

400 Saddleworth Place

City

Lake Mary

FL

Zip Code
32746

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
P/D
Clark, Linda C
400 Saddleworth Place
Lake Mary, FL 32746

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 custodian 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 #

CR2EC04B (12/07)

21 10/11/02

Assured Self Storage

510 Douglas Ave Suite 1001
Altamonte Springs, FL 32714
Phone: (407) 862-9087
FAX: (407) 682-1388

October 9, 2002

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

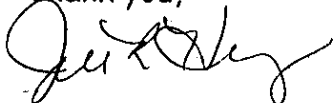
Good Morning,

Enclosed please find our Uniform Business Report along with our reinstatement fee of \$750.00. We had mistakenly double-filed one of our companies and had forgotten the enclosed company.

If at all possible, can you please fax us a copy of the reinstatement. Our fax number is 407-682-1388.

I appreciate any consideration and assistance that you can provide for us. If you have any questions, please call me at 407-862-9087.

Thank you,



Jill Hey
Manager