2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # P97000062152 APOLLO BEACH MINI-STORAGE, INC. 04-26-2000 90056 050 ***158.75 Principal Place of Business

APOLLO BEACH BLVD. BATEUS. HIGHWAY 41 NORTH SUITE APOLLO BEACH FL 33572-1803 CLLC BEACH FL 33572 A0046956 2. Principal Place of Business 3. Mailing Address <u>6544 US H</u>ighway 41 North 313 APOLLO BEACH BLUD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3508437 BEACH, HPOLLO Not Applicable **\$8.75** Additional Certificate of Status Desired Fee Required 5 800 004 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CURATELLI, JOHN J JR Street Address (P.O. Box Number is Not Acceptable) 6301 MARABELLA BLVD. APOLLO BEACH FL 33572 Zip Code City 8. The above named entity submits this statement for the purpose of ch office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or print FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Inta 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Γ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PHAGAN, RICHARD L. ☐ Delete TITLE TITLE PHASAN, RICHARD L. NAME NAME STREET ADDRESS 6412 U.S. HIGHWAY 41 NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOLLO BEACH FL 33572 ☐ Change ☐ Addition TITLE ☐ Delete TITLE MCMAHAN, PAUL W NAME NAME STREET ADDRESS STREET ADDRESS 2622 TWELVE POINT DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33811 ☐ Change ☐ Addition ☐ Delete TITLE TITLE CURATELLI, JOHN J JR NAME STREET ADDRESS STREET ADDRESS 6301 MARABELLA BLVD. CITY-ST-ZIP CITY-ST-715 APOLLO BEACH FL 33572 ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 SIGNATURE: