

2000 UNIFORM BUSINESS REPORT (UBR)

9/19/00-90047-001-\$225.00-\$225.00
* 9/19/00-90047-002-\$225.00-\$225.00

DOCUMENT # P97000087686

Entity Name

AMERICA SELF STORAGE CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 AM 8:10

Principal Place of Business
215 20TH STREET WEST
BRADENTON FL 34205
US

Mailing Address
215 20TH STREET WEST
BRADENTON FL 34205
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0794386

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIBBETTS, R. SCOTT
215 20TH STREET WEST
BRADENTON FL 34205

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME TIBBETTS, R. SCOTT
STREET ADDRESS 215 20TH STREET WEST
CITY-ST-ZIP BRADENTON FL 34205

TITLE Director
NAME Patricia Q. Tibbets
STREET ADDRESS 215-20th St. W.
CITY-ST-ZIP Bradenton, FL 34205

TITLE Patricia Q. Tibbets (D)
NAME Patricia Q. Tibbets (D)
STREET ADDRESS 215-20th St. W.
CITY-ST-ZIP Bradenton, FL 34205

TITLE
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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:

Patricia Q. Tibbets

REQUIRED

9/13/00

941-748-1531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #