

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

1. Entity Name
AMERICA SELF STORAGE CORP.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 16 AM 8:10

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0794386		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TIBBETTS, R. SCOTT			NAME	Patricia Q. Tibbets		
STREET ADDRESS	215 20TH STREET WEST			STREET ADDRESS	215-20th St. W.		
CITY-ST-ZIP	BRADENTON FL 34205			CITY-ST-ZIP	Bradenton, FL 34205		
TITLE	Patricia Q. Tibbets (D)	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Patricia Q. Tibbets (D)			NAME			
STREET ADDRESS	215-20th St. W.			STREET ADDRESS			
CITY-ST-ZIP	Bradenton, FL 34205			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 10/26/00-01064-005
 ****100.00 ****100.00

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 Day Daytime Phone #