

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91567 007 ***150.00

DOCUMENT # P97000104415

1. Entity Name

SELF STORAGE OF JUPITER, INC.

Principal Place of Business

**4362 NORTHLAKE BLVD., STE. 217
 PALM BEACH GARDENS FL 33410**

Mailing Address

**4362 NORTHLAKE BLVD., STE. 217
 PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

9000 Burma Road

3. Mailing Address

9000 Burma Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Beach Gardens FL

Palm Beach Gardens FL

Zip

Zip

33403

33403

6. Name and Address of Current Registered Agent

MINKER, JULES S

**4362 NORTHLAKE BLVD, STE 217
 PALM BEACH GARDENS FL 33410**

4. FEI Number

65-0817777

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

9000 Burma Road

Suite 102

Palm Beach Gardens

FL

Zip Code

33403

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]

(NOTE: Registered Agent signature required when reinstating)

4/17/02

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

TITLE **D** ☐ Delete
 NAME **MINKER, JULES S**
 STREET ADDRESS **4362 NORTHLAKE BLVD., STE. 217**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
 NAME **9000 Burma Road, Suite 102**
 STREET ADDRESS **Palm Beach Gardens, FL 33403**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CR2E034 (9/01)

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

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