

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106497

1. Entity Name

BOYNTON BEACH BOULEVARD SELF STORAGE, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90071 046 ***150.00

Principal Place of Business

4139 BURNS ROAD
PALM BEACH GARDENS FL 33410

Mailing Address

4139 BURNS ROAD
PALM BEACH GARDENS FL 33410-4605

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0814250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLY, GEORGE T IV
4139 BURNS RD
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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 \$150.00
After MAY 1, 2000 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 KELLY, GEORGE T IV
STREET ADDRESS 4139 BURNS ROAD
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE D ☐ Delete
NAME MISSELHORN, J. CRAIG
STREET ADDRESS 130 QUAYSIDE DR.
CITY-ST-ZIP JUPITER FL 33477

TITLE D ☐ Delete
NAME HARVEY, ROBERT-T
STREET ADDRESS ~~1029 NW 82 AVE~~
CITY-ST-ZIP ~~MIAMI FL 33128~~

TITLE D ☐ Delete
NAME BADE, J. BRUCE
STREET ADDRESS 106 N. FRENCH ST.
CITY-ST-ZIP BRECKENRIDGE CO 80424

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME IN SEAPORTE
STREET ADDRESS PORT NEW PROVIDENCE, NASSAU
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8225 MONET ROAD
CITY-ST-ZIP NPB, FL 33410

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/2000

561-776-1564