DOCUMENT # P97000107814

1. Entity Name

PRIVATE-STORAGE INCORPORATED

Principal Place of Business

Mailing Address

4601 S ORANGE BLOSSOM TR

2. Principal Place of Business

4715 S. RIO GRANDE AVENUE

ORLANDO FL 32839

ORLANDO FL 32839

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

USA

Mar 21, 2001 8:00 am **Secretary of State** 03-21-2001 90050 031 ***150.00

731870



DO NOT WRITE IN THIS SPACE

City & State WINTER PARK FL Country Country

5. Certificate of Status Desired

59-3482621

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

OWLES, FRED 4715 S. RIO GRANDE AVENUE ORLANDO FL 32839

7. Name and Address of New Registered Agent ALVISON OWLES

4. FEI Number

CININTER PARK

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.

11.

M. ALYSON OWLES (NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00 Make Check Payable to Department of State

12.

10. Election Campaign Financing Trust Fund Contribution.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

Change ☐ Delete TITLE TITLE OWLES, FRED G. 1368 WESTDALE AVE OWLES, FRED NAME NAME (POBOX 4332 4715 S RIO GRANDE AVE #9 STREET ADDRESS STREET ADDRESS WINTERPARKEL WINTER PARK FL 32792 CITY-ST-ZIP ORLANDO FL 32839 CITY-ST-7IP D, V, S, T TITLE Delete TITLE OWLES, ALYSON M 1368 WESTBALE AVE OWLES, ALYSON M NAME NAME PO BOX 4332 WINTER PARK FL 32793) STREET ADDRESS STREET ADDRESS PO BOX 4332 CITY-ST-ZIP WINTER PARK FL 32792 CITY-ST-7IP WINTER PARK FL 32793-4332 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(F ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TIT) F ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

M. ALYSON OWLES

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR