

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010653

1. Entity Name

21ST CENTURY STORAGE CORPORATION

**FILED**  
**Mar 25, 2000 8:00 am**  
**Secretary of State**

03-25-2000 90004 018 \*\*\*150.00

00044233



DO NOT WRITE IN THIS SPACE

Principal Place of Business 14529 BRUCE B. DOWNS BLVD TAMPA FL 33613 US	Mailing Address P.O. BOX 151883 TAMPA FL 33684-1883
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 14529 Bruce B. Downs BLVD.
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City & State Tampa, FL	City & State Tampa, FL
Zip 33613	Country US

4. FEI Number 59-3492917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DIAZ, ROBERT D 3120 W NORTH STREET TAMPA FL 33614
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7. Name and Address of New Registered Agent Name Robert D. Diaz Street Address (P.O. Box Number is Not Acceptable) 27908 Summer Place DR City Wesley Chapel, FL Zip Code 33543
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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 <i>Robert D. Diaz</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE 3-5-2000
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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 \$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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, ROBERT D 3120 W NORTH STREET TAMPA FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, DIANE F 3120 W NORTH STREET TAMPA FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27908 Summer Place DR. Wesley Chapel, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27908 Summer Place DR Wesley Chapel, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Robert D. Diaz</i> Signature and typed or printed name of signing officer or director	3/5/2000 (813) 632-3700 Date Daytime Phone #

CR2E034 (9/99)