

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002137

1. Entity Name

BLUE SPRINGS SELF-STORAGE, INC.

FILED

Apr 19, 2000 8:00 am  
Secretary of State

04-19-2000 90115 031 \*\*\*150.00

Principal Place of Business

Mailing Address

1123 OVERCASH DRIVE  
DUNEDIN, FL. 34698  
US

1123 OVERCASH DRIVE  
DUNEDIN, FL. 34698  
US

2. Principal Place of Business

18916 MAISONS DRIVE  
Suite, Apt. #, etc.

3. Mailing Address

18916 MAISONS DRIVE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LUTZ, FL.

City & State

LUTZ, FL.

4. FEI Number

59-3552904

Applied For

Not Applicable

Zip

33549

Country

USA

Zip

33549

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVID E. PLATTE  
603 INDIAN ROCKS ROAD  
BELLEAIR, FL. 33756

7. Name and Address of New Registered Agent

Name

WAYNE D. MUCCI

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

18916 MAISONS DRIVE

City

LUTZ

FL

Zip Code

33549

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 WAYNE D. MUCCI, PRESIDENT Wayne D. Mucci, Pres. 4-11-00

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 PRESIDENT ☐ Delete  
NAME WAYNE D. MUCCI  
STREET ADDRESS 18916 MAISONS DRIVE  
CITY-ST-ZIP LUTZ, FL. 33549

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: WAYNE D. MUCCI, PRESIDENT Wayne D. Mucci 4-11-00 (813) 949-9191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)