

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90052 018 ***150.00

741912

DO NOT WRITE IN THIS SPACE

DOCUMENT # D99000021441
1. Entity Name
U-STOR-MOR CENTERS OF FLORIDA, INC. ✓

Principal Place of Business **Mailing Address**
601 West Seminole Boulevard **same**
Sandord, Florida 32771

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **Applied For**
59-3570793 **Not Applicable**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Stephen D. Feinberg
390 N. Orange Avenue, Suite 2500
Orlando, Florida 32801

7. Name and Address of New Registered Agent
Name
SPH&H Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
390 N. Orange Avenue, Suite 2500
City **FL** **Zip Code**
Orlando **32801**

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 *Michael D. Feinberg* **President** **4.27.2000**
 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. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be Added to Fees**
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00** **Trust Fund Contribution.**
 Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Eoghan N. Kelley 601 W. Seminole Blvd. Sanford, Florida 32771	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Eoghan N. Kelley* **April 27, 2000**
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #
Eoghan N. Kelley

CR2E034 (9/99)