## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 25, 2000 8:00 am Secretary of State DOCUMENT # **P9900065735** 1. Entity Name AAA STORAGE, INC. 04-25-2000 90016 038 \*\*\*150.00 Mailing Address Principal Place of Business 133 S.W. 16TH ST. 133 S.W. 16TH ST. BELLE GLADE FL 33430-2863 BELLE GLADE FL 33430 3. Mailing Address 2. Principal Place of Business ひじ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WASHINGTON KENDALL, MAMIE Street Address (P.O. Box Number is Not Acceptable) 141 S. MAIN ST., STE. 211 BELLE GLADE FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change Delete TITLE TITLE hresidont NAME NAME 61101 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 36 ☐ Addition Change ☐ Delete TITLE V100 -TITLE NAME laura NAME SW ILLUL SA STREET ADDRESS STREET ADDRESS 33 43 D CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE reas NAME NAME STREET ADDRESS STREET ADDRESS 1401 Ave 33430 CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.