

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000086547**

1. Entity Name

ALL AREA SELF STORAGE, INC.**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90322 002 ***150.00

Principal Place of Business

200 N.E. 51 AVE.
OCALA FL 34470

Mailing Address

200 N.E. 51 AVE.
OCALA FL 34470

2. Principal Place of Business

9275 S.E. Hwy. 441
Suite, Apt. #, etc.

3. Mailing Address

9275 S.E. Hwy. 441
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OCALA, FL

City & State

OCALA, FL

4. FEI Number

59-3605791

Applied For

Not Applicable

Zip

34480

Country

U.S.A.

Zip

34480

Country

U.S.A.5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BRYAN, LEWIS H
200 N.E. 51 AVE.
OCALA FL 34470

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BRYAN, LEWIS H**
STREET ADDRESS **200 N.E. 51 AVE.**
CITY-ST-ZIP **OCALA FL 34470**TITLE **D** ☐ Delete
NAME **PAULEY, JUDY**
STREET ADDRESS **4601 N.E. 112 LN.**
CITY-ST-ZIP **ANTHONY FL 32617**TITLE **D** ☐ Delete
NAME **HAMPY, DARRYL**
STREET ADDRESS **1706 N. MAGNOLIA AVE., #203**
CITY-ST-ZIP **OCALA FL 34475**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Lewis H. BRYAN *[Signature]* **4/20/01** **352-245-9275**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)