

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086547

1. Entity Name.
ALL AREA SELF STORAGE, INC.

Principal Place of Business Mailing Address
9275 SE HIGHWAY 441 9275 SE HIGHWAY 441
OCALA FL 34480 Ocala FL 34480

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 59-3605791 Applied For Not Applicable

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 FL 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, 2002 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 D BRYAN, LEWIS H ☐ Delete
NAME
STREET ADDRESS 200 N.E. 51 AVE.
CITY-ST-ZIP Ocala FL 34470

TITLE D PAULEY, JUDY ☐ Delete
NAME
STREET ADDRESS 4601 N.E. 112 LN.
CITY-ST-ZIP ANTHONY FL 32617

TITLE D HAMPY, DARRYL ☐ Delete
NAME
STREET ADDRESS 1706 N. MAGNOLIA AVE., #203
CITY-ST-ZIP Ocala FL 34475

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
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CITY-ST-ZIP

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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: *Lewis H. Bryan* DATE: 1-7-02 DAYTIME PHONE: 352-245-9275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90015 046 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)