## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 17, 2003 8:00 am

DOCUMENT # P99000107553  1. Entity Name OVIEDO MINI STORAGE, INC.				Secretary of State 01-17-2003 90035 023 ***150.00
632 FOREST COVE 632 FOREST C		Mailing Address 632 FOREST COVE OVIEDO FL 32765		
2. Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & Sta	ate	City & State		4. FEI Number 59-2613828 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
NIKOLLA	I MUE	ng nganggan kalaban kan	Name	
632 FOR	EST COVE		Street Address	s (P.O. Box Number is Not Acceptable)
OVIEDO	FL 32765			
			City	FL Zip Code
8. The above	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE				
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating) DATE
. Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees
10:	OFFICERS AND	1	11,	
TITLE	D	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	NIKOLLAJ, NUE 632 FOREST COVE OVIEDO FL 32765		NAME STREET ADDRESS	L₃ Change
TITLE	011250 7 2 02700	☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	_ •
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A ser in territory to a register interest.	Delete	NAME STREET ADDRESS	Change Change
TITLE	<u> </u>	☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition
NAME Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP	C. Gridge C. Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ITLE AME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

NUE NIKOLLAT