

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111662

1. Entity Name

A AFFORDABLE STORAGE, INC.

Principal Place of Business

16339 CORTEZ BLVD  
STE 100  
BROOKSVILLE, FL 34601

Mailing Address

16339 CORTEZ BLVD  
STE 100  
BROOKSVILLE, FL 34601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Zip

Country

4. FEI Number

59-3613265

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MICHAEL M. DRAVES  
2809 FOREST CLUB DRIVE  
PLANT CITY, FL 33567

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 \$550.00  
After September 12, 2001, Fee will be \$750.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution:  \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPMICHAEL E. DRAVES  
3183 LAKE SAXON DR.  
LAND OLAKES, FL 34639 Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPJOHN W STOVER  
5005 SAN JOSE  
TAMPA, FL 33611 Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 Change Addition

NEW

ADDRESSES  
ONLY

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: ED Draves MICHAEL E DRAVES, P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02  
Date

Daytime Phone #

FILED

May 15, 2002 8:00 am  
Secretary of State

05-15-2002 90068 006 \*\*\*150.00