

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # S15968

1. Entity Name
TOWER MINI STORAGE, INC.

| | |
|--|--|
| Principal Place of Business % KENNETH R. HENDERSON 1479 BAY POINT DRIVE SARASOTA FL 34236 | Mailing Address % KENNETH R. HENDERSON 1479 BAY POINT DRIVE SARASOTA FL 34236 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |

DO NOT WRITE IN THIS SPACE

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-3048297 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COOK, JOHN F.
 1819 MAIN STREET
 SUITE 610
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name
 COOK, JOHN F.
 Street Address (P.O. Box Number is Not Acceptable)
 330 SOUTH ORANGE AVE.
 City SARASOTA FL Zip Code 34236

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 _____ DATE **04/26/2001**
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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE D NAME HENDERSON, MICHELLE STREET ADDRESS 730 RELIM LANE CITY-ST-ZIP SARASOTA FL | <input type="checkbox"/> Delete |
| TITLE D NAME HENDERSON, DAVID P. STREET ADDRESS 1479 BAY POINT DR CITY-ST-ZIP SARASOTA FL | <input type="checkbox"/> Delete |
| TITLE D NAME HENDERSON, JAMES D. STREET ADDRESS 730 RELIM LANE CITY-ST-ZIP SARASOTA FL | <input type="checkbox"/> Delete |
| TITLE SD NAME HENDERSON, SUSANNE G. STREET ADDRESS 1479 BAY POINT DR CITY-ST-ZIP SARASOTA FL | <input type="checkbox"/> Delete |
| TITLE PTD NAME HENDERSON, KENNETH R. STREET ADDRESS 1479 BAY POINT DR CITY-ST-ZIP SARASOTA FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: KENNETH R. HENDERSON PTD 04/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)