

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90123 031 \*\*\*150.00

**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

00004370



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**SUE G. HENDERSON**

Suite, Apt. #, etc.

**1479 Bay Point Dr**

City & State

**Sarasota FL**

Zip

**34236**

Country

**USA**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3048297**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75**

Additional Fee Required

6. Name and Address of Current Registered Agent

**COOK, JOHN F.**  
**330 SOUTH ORANGE AVE.**  
**SARASOTA FL 34236**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Susanne G. Henderson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/02**  
 Date

**941-366-4623**  
 Daytime Phone #

CR2E034 (9/01)