

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000032721

Entity Name: PRIME STORAGE MANAGEMENT III, INC.**Current Principal Place of Business:**500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801**Current Mailing Address:**500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US**FEI Number:** 86-3736751**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FALK, BENJANIM D
500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	MAXWELL, LAWRENCE W
Address	500 SOUTH FLORIDA AVENUE, SUITE 700
City-State-Zip:	LAKELAND FL 33801

Title	PCEO
Name	DROST, WILLIAM D
Address	500 SOUTH FLORIDA AVENUE, SUITE 700
City-State-Zip:	LAKELAND FL 33801

Title	VCFO
Name	FALK, BENJAMIN D
Address	500 SOUTH FLORIDA AVENUE, SUITE 700
City-State-Zip:	LAKELAND FL 33801

Title	VPST
Name	ALTMAN, JAMES B
Address	500 SOUTH FLORIDA AVENUE, SUITE 700
City-State-Zip:	LAKELAND FL 33801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BENJAMIN D E FALK

V

04/25/2022_____
Electronic Signature of Signing Officer/Director Detail_____
Date