

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000404**

1. Entity Name  
**GUARDIAN PERSONAL STORAGE OF SOUTHWEST FLORIDA,  
LTD.**



FILED

2003 NOV 12 AM 9:35

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10/15/03 01052 016 \$650.00

DUE BY SEPTEMBER 24, 2003

Principal Place of Business  
**7325 DAVIS BLVD  
NAPLES FL 34104**

Mailing Address  
**160 OLD STATE RD  
BALLWIN MO 63021-5915**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **43-2220506**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARMSTRONG, ROBERT  
1065 BARCARMIL WAY  
NAPLES FL 34110**

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE Robert N. Armstrong  
Signature, typed or printed name of registered agent and title if applicable

**Robert N. Armstrong**

DATE

9. Capital Contributions  
as Shown on record. **\$3,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000013779**  
NAME **GUARDIAN PERSONAL STORAGE OF SW FLORIDA**  
STREET ADDRESS **160 OLD STATE ROAD**  
CITY-ST-ZIP **BALLWIN MO 63021**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **P98000013768**  
NAME **GUARDIAN CONSULTANTS, INC.**  
STREET ADDRESS **87 LAKE STREET**  
CITY-ST-ZIP **GRIMSBY, ONTARIO CANADA L3M -2G6**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Robert N. Armstrong  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Robert N. Armstrong**

DATE

DATE