

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

2003 NOV 12 AM 11:14

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0003204 MB

DOCUMENT # **A98000000404**

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



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.

DUE BY SEPTEMBER 24, 2003

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 BARCAMIL 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

Signature, typed or printed name of registered agent and title if applicable.

Robert N. Armstrong

DATE

11/9/03

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

100023817791
10/15/03--01052--016 **650.00

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CITY-ST-ZIP

REINSTATEMENT 2003

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10/10/03

Date

Daytime Phone #

7000

636-394-

CR2E003 (4/03)