

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003035

1. Entity Name

SAFEGUARD SELF STORAGE, INC.

FILED

Apr 28, 2000 8:00 am  
Secretary of State

04-28-2000 90064 001 \*\*\*150.00

Principal Place of Business

Mailing Address

111 VETERANS BLVD., STE. 1008  
METAIRIE LA 70005

111 VETERANS BLVD., STE. 1008  
METAIRIE LA 70005

2. Principal Place of Business

111 VETERANS BLVD.

3. Mailing Address

111 VETERANS BLVD.

Suite, Apt. #, etc.

SUITE 1150

Suite, Apt. #, etc.

SUITE 1150

City & State

METAIRIE, LA

City & State

METAIRIE, LA

Zip

70005

Country

USA

Zip

70005

Country

USA

4. FEI Number

72-1203480

Applied For

Not Applicable

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

RAHN, DAVID  
3708 W. BEARSS AVE.  
TAMPA FL 33618

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP ROCH, BRUCE C JR. 111 VETERANS BLVD., STE. 1008 METAIRIE LA 70005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CHANEY, JACK 111 VETERANS BLVD., STE. 1008 METAIRIE LA 70005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUIDROZ, THOMAS 111 VETERANS BLVD., STE. 1008 METAIRIE LA 70005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 111 VETERANS BLVD. SUITE 1150 METAIRIE, LA 70005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME ADDRESS AS ABOVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME ADDRESS AS ABOVE
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
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

504-838-8000

Daytime Phone #

CR2E034 19/99