## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## M59781 **DOCUMENT #**

1. Entity Name

GUARDIAN RECORD STORAGE INC.



FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90372 038 \*\*\*150.00

Principal Place of Business % JACK BROWN 1224 NE 7TH ST FT LAUDERDALE FL 33304		2141	Mailing Address 2141 BLOUNT ROAD POMPANO BEACH FL 33069				90014662				
2. Principal P	ace of Business ~	3. Mail	3. Mailing Address				3 (BB(BB)) 100 DITTO 1011 1011 10	.BI BIBII BIBII		511 61611 1661	
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State	9	City	& State		·	<b>4.</b> F	El Number 65-0005164			plied For t Applicable	
Zip	Country	Žip	Zip Cou		try	<b>5.</b> C	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						
	110V P					Name					
BROWN, J						Street Address (P.O. Box Number is Not Acceptable)					
	81 TERRACE										
PARKLANI	D FL 33067										
•					City			FL	Zip Code	9	
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											
- <u>-</u>	Signature, typed or printed name of registered ag	ent and title if app	ficable. (NOTE	: Registered	d Agent signature	required when rei	instating)	DATE			
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department		State				<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	cing	<b>\$5.0</b> Added	May Be to Fees	
10.	OFFICERS AN	ND DIRECTO	DIRECTORS 11.			ADI	DITIONS/CHANGES TO OFFICE	RS AND E	IRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, JACK 2141 BLOUNT ROAD POMPANO BEACH FL 33069							į.	Change	☐ Addition	
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**