

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P98000013779

1. Entity Name  
GUARDIAN PERSONAL STORAGE OF SOUTHWEST FLORIDA  
INC.



Principal Place of Business  
160 OLD STATE ROAD  
BALLWIN MO 63021

Mailing Address  
160 OLD STATE ROAD  
BALLWIN MO 63021

FILED  
CLERK OF STATE  
VISION OF CORPORATION  
03 OCT 27 PM 3:15  
**REINSTATEMENT** 03



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 58-2418616

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

CONROY, J T III  
MORRISON & CONROY, P.A.  
3838 TAMiami TRAIL NORTH #402  
NAPLES FL 34103

Name  
Robert N Armstrong  
Street Address (P.O. Box Number is Not Acceptable)  
1065 BARCARMIL WAY  
City Naples FL Zip Code 34110

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 Robert N Armstrong 10-21-03  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ARMSTRONG, ROBERT N  
STREET ADDRESS 160 OLD STATE ROAD  
CITY-ST-ZIP BALLWIN MO 63021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME ZMENAK, EMILE C  
STREET ADDRESS 87 LAKE ST  
CITY-ST-ZIP GRIMSBY, ONT, CANADA

TITLE  
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12. 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: Robert N Armstrong 10/10/03 636-384-7008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)