

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90637 049 ***158.75

DOCUMENT # **L 86550**

1. Entity Name



GUARDIANSHIP SERVICES OF SOUTH FLORIDA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6076 Fiesta Way
Suite, Apt. #, etc.

P.O. Box 60823
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

4. FEI Number

65-0202550

Applied For

Not Applicable

Zip

33919

Country

USA

Zip

33906-6823

Country

USA

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **David Trippany**

Street Address (P.O. Box Number is Not Acceptable)

6076 Fiesta Way

City **Ft. Myers**

FL

Zip Code **33919**

**DO NOT WRITE
IN THIS SPACE**

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 **David Trippany**
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **DC**
NAME **TRIPPANY, DAVID**
STREET ADDRESS **6076 Fiesta Way**
CITY-ST-ZIP **Ft. Myers, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S**
NAME **TRIPPANY, SHIRLEY**
STREET ADDRESS **6076 Fiesta Way**
CITY-ST-ZIP **Ft. Myers, FL 33919**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T**
NAME **ROBINSON, EDITH**
STREET ADDRESS **6076 Fiesta Way**
CITY-ST-ZIP **Ft. Myers, FL 33919**

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other I am empowered.

SIGNATURE: **David Trippany**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/03

Date

239-481-2043

Daytime Phone #

CR2E034B (12/02)