

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90017 023 \*\*\*150.00

**DOCUMENT # 804012**

1. Entity Name  
**DOUGLAS-GUARDIAN SERVICES CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1155 DAIRY ASHFORD., #201 HOUSTON TX 77079 US	Mailing Address 1155 DAIRY ASHFORD., #201 HOUSTON TX 77077-4760 US
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2. Principal Place of Business 1880 South Dairy Ashford Suite, Apt. #, etc. Suite 220 City & State Houston, TX	3. Mailing Address 1880 South Dairy Ashford Suite, Apt. #, etc. Suite 220 City & State Houston, TX
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4. FEI Number 72-0172580	Applied For <input type="checkbox"/> Not Applicable
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Zip 77077	Country USA	Zip 77077	Country USA
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEONARD, MARGOT D 1155 DAIRY ASHFORD #201 HOUSTON TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LURIE, BRUCE E 1155 DAIRY ASHFORD., #201 HOUSTON TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP POPE, RONNIE L 1155 DAIRY ASHFORD., #201 HOUSTON TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS REEVES, DEBRA F 1155 DAIRY ASHFORD., #201 HOUSTON TX 77079	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP RYAN, JOHN F 1155 DAIRY ASHFORD, #201 HOUSTON TX 77079	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>address</i> 1880 South Dairy Ashford, Suite 220 Houston, TX 77077	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>address</i> 1880 South Dairy Ashford, Suite 220 Houston, TX 77077	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>address</i> 1880 South Dairy Ashford, Suite 220 Houston, TX 77077	<input checked="" 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: Margot Leonard MARGOT D. LEONARD 1/17/00 531-0500  
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)