

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90106 008 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 842567
 1. Entity Name
GUARDSMARK, INC.

Principal Place of Business GUARDSMARK, INC 22 S. SECOND ST. MEMPHIS TN 38103 US	Mailing Address PO BOX 45 MEMPHIS TN 38101-0045 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 62-1043970	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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
State 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 _____
 Signature, typed or printed name of registered agent and title if applicable.

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	S	<input type="checkbox"/> Delete
NAME	LIPMAN, JOSHUA	
STREET ADDRESS	22 S. 2ND ST	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	V	<input type="checkbox"/> Delete
NAME	OVERMAN, ROBERT W.	
STREET ADDRESS	22 S 2ND ST	
CITY-ST-ZIP	MEMPHIS, TN 00000	
TITLE	VT	<input type="checkbox"/> Delete
NAME	JACQUES, JEROME C.	
STREET ADDRESS	22 S 2ND STREET	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LIPMAN, IRA A	
STREET ADDRESS	22 S 2ND ST	
CITY-ST-ZIP	MEMPHIS, TN 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	CLARK, JOHN F.	
STREET ADDRESS	22 S 2ND ST	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YARBROUGH, TOMMY K	
STREET ADDRESS	22 S. 2ND ST.	
CITY-ST-ZIP	MEMPHIS TN	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Tommy K. Yarbrough **Tommy K. YARBROUGH** 4/24/2000 901-522-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Vice President