

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A99-1639

**1. Entity Name**  
Guardian Lighting, Ltd.

FILED

01 APR 27 AM 8:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business** 321 E. Hillsboro Blvd. **Mailing Address** Deerfield Beach, FL 33441 same

**2. Principal Place of Business** Suite, Apt. #, etc.  
**3. Mailing Address** Suite, Apt. #, etc.  
 City & State Zip Country

**4. FEI Number** 05-1028388 **Applied For** ☐ **Not Applicable**  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
Guardian Lighting, Inc.  
321 E. Hillsboro Blvd.  
Deerfield Beach, FL 33441

**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 certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**  
 SIGNATURE [Signature] **3/14/01** DATE

**9. Capital Contributions as Shown on record.** 1,000,000.00 **10. Amount of Capital Contributions in FLORIDA to date.** 0 **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
		CITY-ST-ZIP	CITY-ST-ZIP		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
		CITY-ST-ZIP	CITY-ST-ZIP		
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		CITY-ST-ZIP	CITY-ST-ZIP		

**14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** [Signature] **3/14/01** **Date** **Daytime Phone #**

CR2E003 (11/00)