

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
 03-07-2002 90229 012 ***150.00

03/07/02 AT

DOCUMENT # F01000003045

1. Entity Name
GUIDANCE SERVICES, INC.

Principal Place of Business
~~10150 HIGHLAND MANOR DRIVE, SUITE 200~~
~~TAMPA FL 33610~~

See change below.

Mailing Address
 63 WALL ST., SUITE 1803
 NEW YORK NY 10005



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8875 Hidden River Pkwy.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

Tampa, FL

City & State

Zip

Country

33637

Country

U.S.

4. FEI Number **13-3465881**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STANLEY, TYMINDA
 10150 HIGHLAND MANOR DRIVE, SUITE 200
 TAMPA FL 33610

7. Name and Address of New Registered Agent

Name *Tanya Hart*
 Street Address (P.O. Box Number is Not Acceptable) *8875 Hidden River Pkwy*
 City *Tampa, FL* **FL** Zip Code *33637*

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 *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 22, 2002
 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, 2002 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 **PC** ☐ Delete
 NAME **GUIDA, ROBERT M**
 STREET ADDRESS **63 WALL ST., SUITE 1803**
 CITY-ST-ZIP **NEW YORK NY 10005**

TITLE **VST** ☐ Delete
 NAME **EDMAN, BRITA V**
 STREET ADDRESS **63 WALL ST., SUITE 1803**
 CITY-ST-ZIP **NEW YORK NY 10005**

TITLE **ASD** ☐ Delete
 NAME **MORRISSEY, SABRINA E**
 STREET ADDRESS **63 WALL ST., SUITE 1803**
 CITY-ST-ZIP **NEW YORK NY 10005**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 *Sabrina E. Morrissey* *Sabrina E. Morrissey* 1-14-02 809-1591
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)