

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90129 009 ***150.00

DOCUMENT # F01000004111

1. Entity Name
GUARDED NETWORKS, INC.



Principal Place of Business
2525 EMBASSY DRIVE, SUITE 10
COOPER CITY FL 33026

Mailing Address
2525 EMBASSY DRIVE, SUITE 10
COOPER CITY FL 33026



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1050963**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOBROW, RICHARD S
2525 EMBASSY DRIVE, SUITE 10
COOPER CITY FL 33026

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	DOBROW, RICHARD S	
STREET ADDRESS	2525 EMBASSY DRIVE, SUITE 10	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	S	<input type="checkbox"/> Delete
NAME	NECLERIO, THOMAS R	
STREET ADDRESS	2525 EMBASSY DRIVE, SUITE 10	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	V	<input type="checkbox"/> Delete
NAME	KHAN, SAJID	
STREET ADDRESS	2525 EMBASSY DRIVE, SUITE 10	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	V	<input type="checkbox"/> Delete
NAME	OTTE, BRIAN	
STREET ADDRESS	2525 EMBASSY DRIVE, SUITE 10	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	LAMBERT, ERIC L.	
STREET ADDRESS	2525 EMBASSY DRIVE, SUITE 10	
CITY-ST-ZIP	COOPER CITY, FL 33026	
TITLE		<input type="checkbox"/> Delete
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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CFO LAMBERT, ERIC L.	
STREET ADDRESS	2525 EMBASSY DRIVE, SUITE 10	
CITY-ST-ZIP	COOPER CITY, FL 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)