

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90469 031 \*\*\*150.00

DOCUMENT # F02000003564

1. Entity Name  
GUARDIAN SOLUTIONS OF SARASOTA INC.



Principal Place of Business

5055 OCEAN BLVD. #128  
SARASOTA FL 34242

Mailing Address

5055 OCEAN BLVD. #128  
SARASOTA FL 34242

2. Principal Place of Business

4141 S Tamiami Trail  
Suite, Apt. #, etc. Unit 22

3. Mailing Address

4141 S Tamiami Trail  
Suite, Apt. #, etc. Unit 22

City & State

SARASOTA FL

Zip 34231 Country SARASOTA

City & State

SARASOTA FL

Zip 34231 Country SARASOTA

4. FEI Number

80-0029702

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTEJONE, JOHN  
5131 JUNGLE PLUM RD.  
SARASOTA FL 34242

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

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/03

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CCEP	<input type="checkbox"/> Delete
NAME	MONTEJONE, JOHN	
STREET ADDRESS	5131 JUNGLE PLUM RD.	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MONTEJONE, JOHN	
STREET ADDRESS	5131 JUNGLE PLUM RD.	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BARON, MICHAEL	
STREET ADDRESS	7800 SOUTHLAND BLVD., #250	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberta Newcumhp	
STREET ADDRESS	5131 Jungle Plum Road	
CITY-ST-ZIP	SARASOTA FL 34242	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/03

941 921 5444

Daytime Phone

CR2034 (10/02)