

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F93000002838**

1. Entity Name

**GUARDIAN MANAGEMENT SERVICES, INC.****FILED****Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90130 022 \*\*\*150.00

Principal Place of Business

Mailing Address

**P.O. DRAWER 1650**  
**LIVINGSTON AL 35470****P.O. DRAWER 1650**  
**LIVINGSTON AL 35470**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **63-1094083**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PCD									
	PATRENOS, JAMES H. JR	106 LAFAYETTE STREET	LIVINGSTON AL							
	DV									
	CRAWFORD, R. BRYAN III	106 LAFAYETTE STREET	LIVINGSTON AL 35470							
	DV									
	BELL, JOHNNY H	106 LAFAYETTE STREET	LIVINGSTON AL 35470							
	DS									
	HOLCOMBE, PEGGY J	106 LAFAYETTE STREET	LIVINGSTON AL 35470							
	TD									
	MCNIDER, GREGORY O	106 LAFAYETTE ST	LIVINGSTON AL							

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: *James H. Patrenos, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES H. PATRENOS, JR.**

Date

**1-19-2001 (800)447-4095**

Daytime Phone #

CR2E034 (10/00)