

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90564 026 ***150.00

DOCUMENT # F97000003179

1. Entity Name

GUYBRO, INC.

Principal Place of Business

Mailing Address

**4042 CRAYTON ROAD
NAPLES FL 34103****4042 CRAYTON ROAD
NAPLES FL 34102-1533**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1820 KINGFISH RD**1820 KINGFISH ROAD**

City & State

City & State

NAPLES FL**NAPLES FL**

Zip

Zip

Country

Country

34102**USA****34102****USA**

4. FEI Number

22-2516069

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

**BROOKS, GUY
4042 CRAYTON ROAD
NAPLES FL 34103**

Name

Street Address (P.O. Box Number is Not Acceptable)

1820 KINGFISH ROAD

City

NAPLES**FL****34102**

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

4/28/009. 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, 2000 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 ☐ Delete
NAME **PC**
STREET ADDRESS **BROOKS, GUY**
CITY-ST-ZIP **4042 CRAYTON ROAD
NAPLES FL 34103**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1820 KINGFISH ROAD**
CITY-ST-ZIP **NAPLES FL 34102**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

GUY R. BROOKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00**313 4410536**