APPROVE

## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100009163 1. Entity Name 02 FEB 15 PM 3: 22 **GUARDIAN HOLDINGS I. LLC** SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1551 SANDSPUR RD. 1551 SANDSPUR RD. MAITLAND FL 32751 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable \$5.00 Additional Zip Zip Country Country Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, BERRY J JR ESQ Street Address (P.O. Box Number is Not Acceptable) WALKER & TUDHOPE, P.A. 235 MAITLAND AVE., STE. 216 MAITLAND FL 32751 Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. CR2E083 (9/01) Addition TITLE ☐ Delete TITLE ALAN H. GINS burg + HARRIET GINSTON **GUARDIAN EQUITIES, INC.** NAME NAME 1551 SANDERY 1551 SANDSPUR RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MAITLAND FL 32751 Change **→**ddition TITLE ☐ Delete IS Y LOUISE SHASEIAN TITLE NAME NAME 1551 SANDSPUT PE) STREET ADDRESS **STREET ADDRESS** MAITLAND PC 32751 CITY-ST-ZIP CITY-ST-ZIP Change **∮**37 ddition nember ☐ Delete TITLE TITLE michael J Sciartino, Revocable Trust NAME NAME 1551 SANDSPUT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITCAND FC CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITI F Delete NAME NAME 000004946340--9 STREET ADDRESS STREET ADDRESS -02/18/02--01023--005 CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*\*50.00 ★本書語語 □ LT Addition ☐ Celete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver prirustee empowered to execute this report as required by Chapter 608, Florida Statutes.