


FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90012 050 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>L86550</u>			
1. Entity Name <u>Guardianship Services of South Florida, Inc</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>6676 Fiesta Way</u> Suite, Apt. #, etc.		3. Mailing Address <u>P.O. Box 60823</u> Suite, Apt. #, etc.	
City & State <u>FL Myers FL</u>		City & State <u>FL Myers FL</u>	
Zip <u>33919</u>	Country <u>USA</u>	Zip <u>33906-6823</u>	Country <u>USA</u>
4. FEI Number <u>65-0202350</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>David Trippany</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>6676 Fiesta Way</u>			
City <u>FL Myers</u>		Zip Code <u>33919</u>	
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)			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<u>DC David Trippany</u> <u>6676 Fiesta Way</u> <u>FL Myers FL 33919</u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<u>S Shirley Trippany</u> <u>6676 Fiesta Way</u> <u>FL Myers FL 33919</u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<u>T Edith Robinson</u> <u>6676 Fiesta Way</u> <u>FL Myers FL 33919</u>			
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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 on an attachment with an address with all the information required.			
SIGNATURE <u>David Trippany Pres.</u>		Date <u>3/8/04</u> Daytime Phone # <u>239-481-2043</u>	

CR2E034B (12/02)