

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90083 046 ****70.00

DOCUMENT #

1. Entity Name N 00000003701

GUARDIAN ARMS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2505 OVERLAKE AVE

Suite, Apt. #, etc.

3. Mailing Address

3714 GATLIN RIDGE DR.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

Country

32806

USA

City & State

ORLANDO, FL

Zip

Country

32812-7760

USA

4. FEI Number

59-3659919

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

NISI, FRANK P JR.

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

2003 LAKE HOWELL in ste 101

City

MAITLAND

FL

**Zip Code
32751**

**DO NOT WRITE
IN THIS SPACE**

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)

4/1/02

DATE

FEE IS \$61.25

Initial or Amended UBR

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

P/D
BUCHBINDER, MARY ANN
3714 GATLIN RIDGE DR.
ORLANDO, FL 32812

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

V/T/D
SHADDOCK, JESSE GLEN
2505 OVERLAKE AVE.
ORLANDO, FL 32806

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

S/D
BARRIEAU, HENRY
5605 BISHOP GRADY CT # 1
Orlando, FL 32808

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

D
SHULL, NELL
605 N Maitland AVE
MAITLAND, FL 32751

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

D
LAMBERT, ROSE
2669 QUEEN MARY PL
ORLANDO, FL 32751

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Ann Buchbinder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4,1,02

Date

407-281-7382

Daytime Phone #

CR2E037B (12/01)