

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90081 012 *****70.00

DOCUMENT # N00000003701

1. Entity Name

GUARDIAN ARMS, INC.



Principal Place of Business

**2505 OVERLAKE AVE
ORLANDO FL 32806**

Mailing Address

**3714 GATLIN RIDGE DR
ORLANDO FL 32812-7760**

2. Principal Place of Business

4331 OLD DOMINION DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32812

Country

USA

Zip

32812

Country

USA

4. FEI Number **59-3659919**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**NISI, FRANK P JR.
2003 LAKE HOWELL LN., STE. 101
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BARRIEAU, HENRY	
STREET ADDRESS	5605 BISHOP GRADY CT. #1	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BUCHBINDER, MARY ANN	
STREET ADDRESS	3714 GATLIN RIDGE DR.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHULL, NELL	
STREET ADDRESS	605 N. MAITLAND AVE.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAMBERT, ROSE	
STREET ADDRESS	2669 QUEEN MARY PL.	
CITY-ST-ZIP	ORLANDO FL 32751	
TITLE	VTDX	<input checked="" type="checkbox"/> Delete
NAME	SHADDOCK, JESSE G	
STREET ADDRESS	2505 OVERLAKE AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWBANKS, MARY	
STREET ADDRESS	4331 OLD DOMINION DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWBANKS G.M	
STREET ADDRESS	7871 NW 170 ST	
CITY-ST-ZIP	HIWEEAH FL 33015	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWBANKS W.M	
STREET ADDRESS	16820 SW 52 PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33330	
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWBANKS RICARDO	
STREET ADDRESS	4331 OLD DOMINION DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCHBINDER STEVEN	
STREET ADDRESS	4331 OLD DOMINION DR	
CITY-ST-ZIP	ORLANDO FL 32812	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mary Ann Buchbinder**

4-2-03 407-281-7382

CR2E037 (10/02)