

FILED
Jun 12, 2003 8:00 am
Secretary of State

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05-29-2003 90136 034 ****70.00

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

55047846

DOCUMENT # N02000009817					
1. Entity Name PUBLIC GUARDIANSHIP ALLIANCE, INC.					
Principal Place of Business USF-MHF101, 13301 BRUCE B. DOWNS, BLVD TAMPA, FL 33612-3899			Mailing Address USF-MHF101, 13301 BRUCE B. DOWNS, BLVD TAMPA, FL 33612-3899		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 02-0656355				Applied For Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOELFEL, JERRY USF-MHF101, 13301 BRUCE B. DOWNS, BLVD TAMPA, FL 33612-3899			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when maintaining)					
FILE NOW (FEES \$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	P - ☐ Delete				
NAME	JOHNSON, ROBERT M				
STREET ADDRESS	27 S ORANGE AVE				
CITY-ST-ZIP	SARASOTA, FL 34236				
TITLE	V - ☒ Delete				
NAME	THATCHER, JOHN				
STREET ADDRESS	1800 1ST UNION BANK TOWER, 225 WATER ST				
CITY-ST-ZIP	JACKSONVILLE, FL 32202				
TITLE	S - ☐ Delete				
NAME	GOVONI, LEO				
STREET ADDRESS	USF-MHF101, 13301 BRUCE B. DOWNS, BLVD				
CITY-ST-ZIP	TAMPA, FL 336123899				
TITLE	T - ☐ Delete				
NAME	SKODSTAD, SAMUEL L DR				
STREET ADDRESS	770 PALM AVE S #403				
CITY-ST-ZIP	SARASOTA, FL 34236				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	V - ☐ Change ☐ Addition				
NAME	THRASHER, JOHN				
STREET ADDRESS	1800 1ST UNION BANK TOWER, 225 WATER ST				
CITY-ST-ZIP	JACKSONVILLE, FL 32202				
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: _____		Robert M. Johnson		5/20/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Certifying Phone #	