FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 16, 2001 8:00 am & Secretary of State **DOCUMENT # N40330** 1. Entity Name 03-07-2001 90612 023 ****61.25 GUARD, INC. Principal Place of Business Mailing Address 3061 NE 14TH AVE 3061 NE 14TH AVE **CORAL SPRINGS FL 33334** OAKLAND PARK FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 3061 NE 14 K City & State City & State 4. FEI Number Applied For 65-0262817 OAKLANO Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired ____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **NEILL. CHRIS D** 3061 NE 14TH AVE NE 14th Ave OAKLAND PARK FL 33334 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to \Box After September 12, 2001, min. will be \$236.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAMAS, JUAN A RAMOS, JUAN A 3061 NE 14th AVE NAME NAME Correction STREET ADDRESS 3061 NE 14TH AVE STREET ADDRESS CITY-ST-ZIP OAKLAND PARK FL 33334 CITY-ST-7IP oakland Park ☐ Delete TITLE Addition TITLE CLARK, KARL NAME BOWARS, SUSAN STREET ADDRESS P.O. BOX 11357 STREET ADDRESS P.O. BOX 1135 CITY-ST-ZIP... CITY-ST-ZIP---FT-LAUDERDALE-FL: 33339 ---TITLE ☐ Delete ☐ Addition MONTEAGUDO, JESSE STREET ADDRESS P.O. BOX 11357 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33339 CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NEILL, CHRIS D NAME NAME STREET ADDRESS P.O. BOX 11357 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33339 ☐ Delete Change ☐ Addition TIT) F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.