

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000032096**

1. Entity Name

**FLORIDA HOME GUARD, INC.****FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90179 038 \*\*\*150.00

Principal Place of Business

**415 B EAST ALFRED STREET  
TAVARES FL 32778**

Mailing Address

**415 B EAST ALFRED STREET  
TAVARES FL 32778**

2. Principal Place of Business

**415 B EAST ALFRED ST**

3. Mailing Address

**415 B EAST ALFRED ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**TAVARES FL**

City &amp; State

**TAVARES FL**

4. FEI Number

**59-3635617**

Applied For

Not Applicable

Zip

**32778**

Country

**LAKE**

Zip

**32778**

Country

**LAKE**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURDGE, DENNIS W  
10755 WEST BROOK DRIVE  
ORLANDO FL 32821****DENNIS W. BURDGE**  
Street Address (P.O. Box Number is Not Acceptable)  
**10755 WEST BROOK DR**  
**ORLANDO**  
City **FL** Zip Code **32821**

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

**Dennis Burdge DENNIS BURDGE****3/9/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **FOUTS, DENNIS P**  
STREET ADDRESS **3782 CACTUS LANE**  
CITY-ST-ZIP **MOUNT DORA FL 32757**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **BURDGE, DENNIS W**  
STREET ADDRESS **10755 WEST BROOK DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32821**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dennis Burdge**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/9/01 352-742-8200**  
Date Daytime Phone #

CR2E034 (10/00)