

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90181 031 ***150.00

DOCUMENT # P00000033193

1. Entity Name
GUAJARDO & SON, INC.

Principal Place of Business

11902 WOODSIDE DR.
RIVERVIEW FL 33569

Mailing Address

P.O. BOX 1708
RIVERVIEW FL 33568

2. Principal Place of Business

12210 Balm Riverview Rd.

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

Riverview, FL

City & State

SAME

4. FEI Number

59-3631214

Applied For

Not Applicable

Zip
33569

Country
USA

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GUAJARDO, ROBERTO SR.
11902 WOODSIDE DR.
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name: Roberto Guajardo, Sr.
Street Address (P.O. Box Number is Not Acceptable): 12210 Balm Riverview Rd.
City: Riverview FL Zip Code: 33569

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

Donna M Guajardo *Donna M Guajardo*

03-11-02

Signature, typed or printed name of registered agent and title if 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, 2002 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	GUAJARDO, ROBERTO SR.	
STREET ADDRESS	P.O. BOX 644	
CITY-ST-ZIP	RIVERVIEW FL 33568	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	GUAJARDO, DONNA M	
STREET ADDRESS	P.O. BOX 644	
CITY-ST-ZIP	RIVERVIEW FL 33568	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GUAJARDO, ROBERTO JR.	
STREET ADDRESS	P.O. BOX 644	
CITY-ST-ZIP	RIVERVIEW FL 33568	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD Roberto Guajardo, Sr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12210 Balm Riverview Rd	
STREET ADDRESS	Riverview, FL 33569	
CITY-ST-ZIP		
TITLE	VTD Donna M. Guajardo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12210 Balm Riverview Rd	
STREET ADDRESS	Riverview, FL 33569	
CITY-ST-ZIP		
TITLE	VD Roberto Guajardo, Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12210 Balm Riverview Rd.	
STREET ADDRESS	Riverview FL 33569	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Donna M Guajardo *Donna M Guajardo* *03-11-02* *813-671-5334*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)