

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90235 019 ***150.00

DOCUMENT # P00000037900

1. Entity Name

GUARDIAN INVESTIGATIVE SERVICE, INC.

Principal Place of Business

**425 N. HILLSBOROUGH AVE.
 ARCADIA FL 34226**

Mailing Address

**425 N. HILLSBOROUGH AVE.
 ARCADIA FL 34226**

2. Principal Place of Business

425 N HILLSBOROUGH AVE

3. Mailing Address

425 N HILLSBOROUGH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ARCADIA

City & State

ARCADIA

Zip

34266

Country

Zip

34266

Country

4. FEI Number

65-0997654

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BARRERA, PATSY L

425 N. HILLSBOROUGH AVE.

ARCADIA FL 34226

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

34266

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

Patsy L. Barrera
 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 ☐ Delete
 NAME **D BARRERA, PATSY L**
 STREET ADDRESS **425 N. HILLSBOROUGH AVE.**
 CITY-ST-ZIP **ARCADIA FL 34226**

TITLE ☐ Delete
 NAME **D STORM, ROBIN R**
 STREET ADDRESS **425 N. HILLSBOROUGH AVE.**
 CITY-ST-ZIP **ARCADIA FL 34226**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **ZIP 34266**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **ZIP 34266**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)