

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91147 049 ***150.00

DOCUMENT # P00000087087

1. Entity Name

GUARDIAN INSURANCE AGENCY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5700 Memorial Hwy

Suite, Apt. #, etc.

Suite 102

City & State

Tampa, Florida

Zip
33615

Country

Hillsborough

3. Mailing Address
5700 Memorial Hwy.

Suite, Apt. #, etc.

Suite 102

City & State

Tampa, Florida

Zip
33615

Country

Hillsborough

4. FEI Number
01-0637639

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name
Sheldon L. Wind

Street Address (P.O. Box Number is Not Acceptable)
5700 Memorial Hwy

Suite 102

City
Tampa

FL 33615

**DO NOT WRITE
IN THIS SPACE**

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

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) ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
President/D
Sheldon L. Wind
5700 Memorial Hwy, Ste 102
Tampa, Florida 33615

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheldon L. Wind
Sheldon L. Wind

April 30, 2002

Date

813-888-6869

Daytime Phone #

CR2E034B (12/01)