

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90078 010 ***150.00

DOCUMENT # P01000052535

1. Entity Name
GUARDIAN ANGEL INVESTIGATIVE SERVICES, INC.

Principal Place of Business **Mailing Address**
265 SW PORT ST. LUCIE BLVD., STE. 227 **265 SW PORT ST. LUCIE BLVD., STE. 227**
PORT ST. LUCIE FL 34984 **PORT ST. LUCIE FL 34984**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **Applied For**
03-0391508 ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

PALMESE, GARY
265 SW PORT ST. LUCIE BLVD., STE. 227
PORT ST. LUCIE FL 34984

7. Name and Address of New Registered Agent

Name *Gary Palmese*
Street Address (P.O. Box Number is Not Acceptable) *1550 SE Cowrie St.*
City *Port St. Lucie FL* **FL** **Zip Code** *34983*

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)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **PALMESE, GARY**
STREET ADDRESS **265 SW PORT ST. LUCIE BLVD., STE. 227**
CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

TITLE **S** ☐ **Delete**
NAME **PALMESE, JOANN**
STREET ADDRESS **265 SW PORT ST. LUCIE BLVD., STE. 227**
CITY-ST-ZIP **PORT ST. LUCIE FL 34984**

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

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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

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

TITLE ☐ **Change** ☐ **Addition**
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02

Date

Daytime Phone #

CR2E034 (9/01)