

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2003 8:00 am**  
**Secretary of State**

08-28-2003 90067 030 \*\*\*550.00

0143723 AT

**DOCUMENT # P01000052535**

1. Entity Name

**GUARDIAN ANGEL INVESTIGATIVE SERVICES, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

**1590 SE Cownie St**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Port St Lucie FL**

City & State

Zip

**34983**

Country

**St. Lucie**

Country

4. FEI Number

**03-0391508**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PALMESE, GARY**

**1550 SE COWNIE ST**

**PORT SAINT LUCIE FL 34983**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S  
PALMESE, JOANN  
265 SW PORT ST. LUCIE BLVD., STE. 227  
PORT ST. LUCIE FL 34984**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)