

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90015 016 ***150.00

0530350 AV

DOCUMENT # P01000067097

1. Entity Name

GUARDIAN HOMES OF FLORIDA, INC.

Principal Place of Business

**3680 SW 74TH AVE.
OCALA FL 34474**

Mailing Address

**3680 SW 74TH AVE.
OCALA FL 34474**

2. Principal Place of Business

3630 SW 24th St.

Suite, Apt. #, etc.

Ocala, Florida

City & State

34474 Marion

Zip

Country

3. Mailing Address

3630 SW 24th St.

Suite, Apt. #, etc.

Ocala, Florida

City & State

34474 Marion

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

71-0865360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DODGE, JOHN

**3680 SW 74TH AVE.
OCALA FL 34474**

7. Name and Address of New Registered Agent

Name **Tommy Morelock**

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

3630 SW 24th St.

City

Ocala, Fla.

FL

Zip Code

34474

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

Tom M. Morelock

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

(NOTE: Registered Agent signature required when reinstating)

3/4/02

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

**P
PIZZULO, PAT
3680 SW 74TH AVE.
OCALA FL 34474**

TITLE ☐ Delete

**V
HORNE, KEN
3680 SW 74TH AVE.
OCALA FL 34474**

TITLE ☐ Delete

**SD
DODGE, JOHN
3680 SW 74TH AVE.
OCALA FL 34474**

TITLE ☐ Delete

**T
MORELOCK, TOM
3680 SW 74TH AVE.
OCALA FL 34474**

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
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:

Tom M. Morelock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02
Date

352-854-2322 ext. 1219
Daytime Phone #

CR2E034 (9/01)