

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91419 024 ***150.00

0016283 AB

DOCUMENT # P01000112477

1. Entity Name

THE GUARDIAN WARRANTY CORPORATION OF FLORIDA, IN
 C.

Principal Place of Business

Mailing Address

2937 S. ATLANTIC AVENUE
 OCEANS 8 - APARTMENT 503
 DAYTONA BEACH SHORES FL 32118

407 MCALPINE STREET
 AVOCA PA 18641

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Same as Above

Same as Above

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

525-2360089

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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.

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
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 a power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 (9/01)

BOARD OF DIRECTORS
OFFICERS
ADDRESS LIST

Attachment

#P010001/2477

614427

JOSEPH LIMONGELLI
(PRESIDENT)

BUSINESS ADDRESS:
407 MCALPINE STREET
AVOCA, PA 18641

SALVATORE DEFRANCESCO
(VICE-PRESIDENT)

BUSINESS ADDRESS:
407 MCALPINE STREET
AVOCA, PA 18641

DANIEL LIMONGELLI
(TREASURER)

BUSINESS ADDRESS:
407 MCALPINE STREET
AVOCA, PA 18641

JOHN STULTZ
(SECRETARY/CHAIRMAN)

BUSINESS ADDRESS:
407 MCALPINE STREET
AVOCA, PA 18641