

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90192 007 \*\*\*158.75

UNFR031

DOCUMENT # **P02000005325**

1. Entity Name  
**GUARDIAN AMERICA, INC.**



Principal Place of Business  
**315 S.E. MIZNER BLVD., #213-A  
BOCA RATON FL 33322** *CHANGE*

Mailing Address  
**315 S.E. MIZNER BLVD., #213-A  
BOCA RATON FL 33322** *CHANGE*



2. Principal Place of Business  
**411 E HILLSBORO BLVD  
SUITE # 201  
DEERFIELD BEACH FL**

3. Mailing Address  
**411 E HILLSBORO BLVD  
SUITE # 201  
DEERFIELD BEACH FL**

City & State  
**DEERFIELD BEACH FL**

Zip  
**33441** Country **USA**

4. FEI Number  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  
**KELLY, TERRESSA  
2051 N.E. 105TH STREET #3  
DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent  
Name **ANDREW VICTOR CHRISTIE**  
Street Address (P.O. Box Number is Not Acceptable)  
**6061 BALBOA CIR (#405)**  
City **BOCA RATON FL** Zip Code **33433**

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]* **ANDREW V CHRISTIE (P) (COO) (PRESIDENT)** DATE **4/13/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>P KELLY, TERRESSA 2051 N.E. 105TH STREET DEERFIELD BEACH FL 33441</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO/PRESIDENT (P) ANDREW V CHRISTIE 6061 BALBOA CIR (#405) BOCA RATON FL 33433</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **ANDREW V CHRISTIE** DATE **4/13/03** (954) 709-6318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)