


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

FILED

03 OCT -9 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000037379
1. Entity Name
GUARD INFORMATION SERVICES CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11260 NW 18 ST
Suite, Apt. #, etc.

3. Mailing Address
11260 NW 18 ST
Suite, Apt. #, etc.

City & State
PLANTATION FL

City & State
PLANTATION FL

Zip
33323 Country
USA

Zip
33323 Country
USA

4. FEI Number: 02-0578680 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
LUKIN ARIEL

Street Address (P.O. Box Number is Not Acceptable)
11260 NW 18 ST

City PLANTATION FL Zip Code 33323

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

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <u>DP LUKIN ARIEL 11260 NW 18 ST PLANTATION FL 33323</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>000023675060 10/09/03--01077--002 **150.00</u>
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date 10-1-03 Daytime Phone # 954-494-6175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

2116110

GUARD INFORMATION SERVICES, CORP.
11260 NW 18 ST
PLANTATION, FL 33323

September 30, 2003

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: Guard Information Services, Corp.
Document#:P02000037379

Dear Sir or Madam:

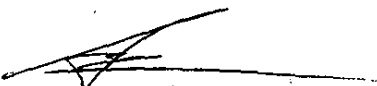
Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,



Lukin Ariel

LA/re