

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-17-2003 90271 028 \*\*\*150.00

**DOCUMENT # P02000056215**

**1. Entity Name**  
**BYTEGUARD, INC.**



**Principal Place of Business**  
**PO BOX 14333**  
**FT LAUDERDALE FL 33302**

**Mailing Address**  
**PO BOX 14333**  
**FT LAUDERDALE FL 33302**

**2. Principal Place of Business**  
**P.O. Box 6082**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**P.O. Box 6082**  
**Suite, Apt. #, etc.**

**City & State**  
**Delray Beach, Florida**  
**Zip**  
**33482-6082**  
**Country**  
**Palm Beach**

**City & State**  
**Delray Beach, Florida**  
**Zip**  
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**Country**  
**Palm Beach**

**4. FEI Number**  
**04-3683796**

**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**

**HUSSEY, RICHARD F**  
**633 SOUTH FEDERAL HWY 8TH FLOOR**  
**FT LAUDERDALE FL 33302**

**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 reinstating)

**DATE**

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
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<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Doreen M. Hussey-Calia</b>	
<b>STREET ADDRESS</b>	<b>5417 Adams Road</b>	
<b>CITY-ST-ZIP</b>	<b>Delray Beach, Florida 33484</b>	
<b>TITLE</b>	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>Jean Hussey-Stowe</b>	
<b>STREET ADDRESS</b>	<b>5417 Adams Road</b>	
<b>CITY-ST-ZIP</b>	<b>Delray Beach, Florida 33484</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Doreen M. Hussey-Calia*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**2/13/03**

**(561) 637-6866**

**Date**

**Daytime Phone #**

CR2E034 (10/02)