

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P92000003095**

1. Entity Name

**GUY INDUSTRIAL SUPPLY, INC.****FILED****Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90010 007 \*\*\*150.00

Principal Place of Business

4027 S. 50TH  
TAMPA FL 33619  
US

Mailing Address

4027 S. 50TH  
TAMPA FL 33619  
US

00033497



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9517 E HWY 92  
Suite, Apt. #, etc.

3. Mailing Address

9517 E HWY 92  
Suite, Apt. #, etc.

City &amp; State

TAMPA, FL

City &amp; State

FL

4. FEI Number

59-3151826

Applied For

Not Applicable

Zip

33610

Country

Hills

Zip

33610

Country

Hills

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUY, GARY  
3520 YALE CIRCLE  
RIVERVIEW FL 33569

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, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GUY, GARY  
3520 YALE CIRCLE  
RIVERVIEW FL 33569 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
GUY, PHILLIP  
9301 RIVER COVE DR.  
RIVERVIEW FL 33569 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
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STREET ADDRESS  
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S  
GUY, MARGREAT  
9301 RIVER COVE DR.  
RIVERVIEW FL 33569 ☐ DeleteTITLE  
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☐ Change ☐ AdditionTITLE  
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GUY, CINDY  
3520 YALE CIRCLE  
RIVERVIEW FL 33569 ☐ DeleteTITLE  
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☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)