

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90665 041 ***150.00

DOCUMENT # P92000003095



1. Entity Name
GUY INDUSTRIAL SUPPLY, INC.

Principal Place of Business
9517 E HWY 92
TAMPA FL 33610
US

Mailing Address
9517 E HWY 92
TAMPA FL 33610
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3151826**

Applied For
Not Applicable

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GUY, GARY**
STREET ADDRESS **3520 YALE CIRCLE**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **GUY, PHILLIP**
STREET ADDRESS **9301 RIVER COVE DR.**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **VP** ☒ Change ☐ Addition
NAME **Guy Phillip**
STREET ADDRESS **7108 Colonial Lake Drive**
CITY-ST-ZIP **Riverview FL 33569**

TITLE **S** ☒ Delete
NAME **GUY, MARGREAT**
STREET ADDRESS **9301 RIVER COVE DR.**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE **S** ☒ Change ☐ Addition
NAME **Guy Margreat**
STREET ADDRESS **7108 Colonial Lake Drive**
CITY-ST-ZIP **Riverview FL 33569**

TITLE **T** ☐ Delete
NAME **GUY, CINDY**
STREET ADDRESS **3520 YALE CIRCLE**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/03

Date

Daytime Phone #

CR2E034 (10/02)