

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032663

1. Entity Name

GUARDIAN ELECTRIC, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90023 043 ***150.00

Principal Place of Business

1954-3 PARK MEADOWS DR.
#3
FT. MYERS FL 33907

Mailing Address

1954-3 PARK MEADOWS DR.
#3
FT. MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0415459

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

FLEISHMAN, ARNOLD H
6109 DEER RUN S W
FT. MYERS FL 33908

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	FLEISHMAN, GREGORY H	
STREET ADDRESS	12000 SOUTH TAMiami TRAIL, UNIT 1	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEISHMAN, ARNOLD	
STREET ADDRESS	12000 SOUTH TAMiami TRAIL	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FARRELL, JOHN	
STREET ADDRESS	12000 S. TAMiami TRAIL	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	FLEISHMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY H. Ft. Myers FL. 33907	
STREET ADDRESS	1954-3 PARK MEADOWS DR.	
CITY-ST-ZIP		
TITLE	FLEISHMAN ARNOLD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1954-3 PARK MEADOWS DR.	
STREET ADDRESS	Ft Myers FL. 33907	
CITY-ST-ZIP		
TITLE	FARRELL JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1954-3 PARK MEADOWS DR.	
STREET ADDRESS	Ft. Myers FL. 33907	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/1999 941-275-8877

CR2E034 (9/99)