2001 UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P93000032663 1. Entity Name GUARDIAN ELECTRIC, INC. 04-09-2001 90008 031 ***150.00 Principal Place of Business Mailing Address 1954-3 PARK MEADOWS DR. 1954-3 PARK MEADOWS DR. FT. MYERS FL 33907 FT. MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0415459 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLEISHMAN, ARNOLD H Street Address (P.O. Box Number is Not Acceptable) 6109 DEER RUN S W FT. MYERS FL 33908 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE Detete TITLE FLEISHMAN, GREGORY H NAME STREET ADDRESS 12000 SOUTH TAMIAMI TRAIL, UNIT 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33907 ☐ Addition TITLE ☐ Change ☐ Delete TITLE FLEISHMAN, ARNOLD NAME NAME STREET ADDRESS STREET ADDRESS 12000 SOUTH TAMIAMI TRAIL CITY-ST-7iP FT. MYERS FL 33907 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE FARRELL, JOHN NAME NAME STREET ADDRESS 120000 S. TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Alegray A. FLETSHALLAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01

941275-887

Daytime Phone #