

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031923

1. Entity Name
GUARDEK CORP.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90059 025 ***150.00

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DO NOT WRITE IN THIS SPACE

Principal Place of Business 13500 WRIGHT CIRCLE TAMPA FL 33626	Mailing Address 13500 WRIGHT CIRCLE TAMPA FL 33626
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2. Principal Place of Business 12918 Commodity Place Suite, Apt. #, etc.	3. Mailing Address 12918 Commodity Place Suite, Apt. #, etc.
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City & State Tampa, Florida	City & State Tampa, Florida
Zip 33626	Country USA

4. FEI Number 59-3385507	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SALIGA, THOMAS V
13500 WRIGHT CIRCLE 12918 Commodity Place
TAMPA FL 33626

7. Name and Address of New Registered Agent

Name
Thomas V. Saliga

Street Address (P.O. Box Number is Not Acceptable)
12918 Commodity Place

City
Tampa **FL** Zip Code
33626

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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALIGA, THOMAS V 13500 WRIGHT CIRCLE TAMPA FL 33626 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SALIGA, LINDA J 13500 WRIGHT CIRCLE TAMPA FL 33626 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas V. Saliga 12918 Commodity Place Tampa, Florida 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda J. Saliga, STD 12918 Commodity Place Tampa, Florida 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas V. Saliga **THOMAS V. SALIGA** 1/22/01 813 855 4770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)