2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

916 N. BEAL PKWY

DOCUMENT # P9600063001

1. Entity Name

Principal Place of Business

916 N. BEAL PKWY

GUARDIAN CARS INCORPORATED



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90370 046 ***150.00

11030104

FT. WALTON BEACH FL 32547			FT. WALTON BEACH FL 32547					- 1 (Bahile) (III)BHA ANN AAN ERNI (18 ED 8 BJ	14 H2H 48H 0	10 0 11 12 12 12 12 12 1	
			,									
2. Principal Place of Business			3. Mailing Address					119311811 ()8 18316 83117 88111 92111 (•		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	FEI Number 59-3393905		 	plied For t Applicable	
Zip Country			Zip		Cour	Country		Certificate of Status Desired		8.75 Add	itional	
			Zamiotował Amont					7. Name and Address of New Registered Agent				
6. Name and Address of Current Registered Agent							Name					
MCDONALD, JAMES H JR.												
925 MARNAN DR							Street Address (P.O. Box Number is Not Acceptable)					
	ON BEACH FI	32547										
, , , , , , , , , , , , , , , , , , , ,						City			FL	Zip Code)	
O The above	a second antiture	herita this statement for	the purp	voca of changing its	rogietor	nd office or rea	istered an	gent, or both, in the State of Florid		l niliar with a	and accept	
	tions of registere		trie purp	ose or changing its	s register	sa onice or reg	istered ag	gent, or ooth, an the state of hone	a. Tanitan	1111CA 171CA 1	and addopt	
	- અનું કે	.						•				
SIGNATURE	Signature, typed or p	rinted name of registered agent a	nd title if app	olicable. (NO)	ΓΕ: Registere	d Agent signature rec	quired when re	reinstating)	DATE			
	ILE NOWILL	FEE IS \$150.00										
,-Afte	r May 1, 2003	Fee will be \$550.00						 Election Campaign Finar Trust Fund Contribution. 	icing		May Be to Fees	
Mike Check	k Payable to Fl	orida Department of	State					nost tana contribution.		Added	10 1 003	
10.		~ OFFICERS AND	DIRECTO	RS	11.		ΑE	DDITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	3 IN 11	
TITLE .	PT			Delete	TITL				[Change	Addition	
NAME .	MCDONALD,				NAM						}	
STREET ADDRESS CITY-ST-ZIP	925 MARNAI	N DRIVE I BEACH FL 32547		*		ET ADDRESS - ST-ZIP					Ĭ	
	Ļ	DEACHTE 32347			-					Change	Addition	
TITLE NAME	VPS MCDONALD,	TADA		☐ Delete	TITL NAM	[L	Change	☐ Addition	
STREET ADDRESS	925 MARNA					ET ADDRESS						
CITY-ST-ZIP		BEACH FL 32547				-ST-ZIP					ł	
TITLE	,	-1-12		☐ Delete	TITL					Change	Addition	
NAME					NAM	E				•	İ	
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE	ľ			☐ Delete	TITL	I .				Change	☐ Addition	
NAME				•	NAM	I						
STREET ADDRESS						ET ADDRESS -ST-ZIP						
CITY-ST-ZIP				□ c	_					☐ Change	☐ Addition	
TITLE NAME				☐ Delete	TITL	I			L	onange		
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	TITL					Change	☐ Addition	
NAME					NAM	e I						

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING DEPICER OR DIRECTOR

4-25-03

Daytime Phone #

CR2E034 (