2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90378 003 ***150.00

A0068149

DOCUMENT # P96000067097

1. Entity Name
FIDELITY GUARDIAN INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
421 NORTHLAKE BOULEVARD SUITE H PALM BEACH GARDENS FL 33410	421 NORTHLAKE BOULEVARD SUITE H PALM BEACH GARDENS FL 33408-5413

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
421 NORTHLAKE BOULEVARD		421 NORTHLAKE BOULEVARD	
Suite, Apt. #, etc.: SUITE "H"		Suite, Apt. #, etc.: SUITE "H"	
City & State: NORTH PALM BEACH FL.		City & State: NORTH PALM BEACH FL.	
Zip: 33408	Country: USA	Zip: 33408-5413	Country: USA

4. FEI Number 650686459 ☐ 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
PAXMAN, JOHN T PAXMAN & ASSOCIATES, P.A. 515 NORTH FLAGLER DRIVE, SUITE 1450 WEST PALM BEACH FL. 33401	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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D GUGEL, HENRY C. JR. 3031 CASARIO COURT PALM BEACH GARDENS FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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], HENRY C. GUGEL JR. 4-27-2001 561-842-8030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #