

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90079 045 ***550.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000067097

1. Entity Name

FIDELITY GUARDIAN INSURANCE AGENCY, INC.

979951

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

321 NORTHLAKE BLVD.

3. Mailing Address

321 NORTHLAKE BLVD.

Suite, Apt. #, etc.

SUITE 103

Suite, Apt. #, etc.

SUITE 103

City & State

NORTH PALM BEACH FL.

City & State

NORTH PALM BEACH FL.

4. FEI Number

65-0686459

Applied For

Not Applicable

Zip

33408

Country

FB

Zip

33408

Country

FB

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PAXMAN, JOHN T. PAXMAN & ASSOC. P.A.

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

515 NORTH FLAGLER DR. SUITE 1450

City

WEST PALM BEACH

FL

Zip Code

33401

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
GUGEL, HENRY C JR
3031 CASA RIO COURT
PALM BEACH GARDENS FL
33418

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HENRY C. GUGEL JR 9/11/2002

561-842-8030

CR2E034B (12/01)