

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

05-24-2002 91326 006 ***150.00

DOCUMENT # P96000072298

1. Entity Name

GUARANTY TRUST INVESTMENTS, INC.

Principal Place of Business

P.O. BOX 164
 JACKSONVILLE FL 32201

Mailing Address

P.O. BOX 164
 JACKSONVILLE FL 32201

2. Principal Place of Business

101 EAST BAY STREET

Suite, Apt. #, etc.

P.O. Box 164

City & State

JACKSONVILLE, FLORIDA

Zip

32201

Country

USA

3. Mailing Address

101 EAST BAY STREET

Suite, Apt. #, etc.

P.O. Box 164

City & State

JACKSONVILLE, FLORIDA

Zip

32201

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3441011

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BRYAN E BLACKBURN
1921 DEWEY PLACE
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPST
BOSTWICK, KARL E
P.O. BOX 164
JACKSONVILLE FL 32201

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
BOSTWICK, KATHLEEN C
P.O. BOX 164
JACKSONVILLE FL 32201

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

CR2E034 (4/02)

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

KARL E. BOSTWICK
KARL E. BOSTWICK, PRESIDENT 7/15/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(804) 681-0117

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072298

1. Entity Name

GUARANTY TRUST INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 EAST BAY STREET

Suite, Apt. #, etc.

P.O. Box 164

City & State

JACKSONVILLE, FLORIDA

Zip

32201

Country

USA

3. Mailing Address

101 EAST BAY STREET

Suite, Apt. #, etc.

P.O. Box 164

City & State

JACKSONVILLE, FLORIDA

Zip

32201

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3441011

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: BRYAN E. BLACKBURN

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

1921 DEWEY PLACE

City

JACKSONVILLE

FL

Zip Code

32207

DO NOT WRITE
IN THIS SPACE

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 rechartering)

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

January 1, May 1, Fee is \$350.00

Amended UBR is \$61.28

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BOSTWICK, KARLE E 101 EAST BAY STREET, P.O. BOX 164 JACKSONVILLE, FL 32201	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
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)(f), 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 and all other info. empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/30/2002

(904) 534 2861
(904) 354 2867

Daytime Phone