

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080521

1. Entity Name  
GUYCO DEVELOPERS INC.

Principal Place of Business

~~9731 SW 190TH ST~~  
~~MIAMI FL 33157~~

Mailing Address

~~9731 SW 190TH ST~~  
~~MIAMI FL 33157~~

2. Principal Place of Business

P.O. Box 1764  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1764  
Suite, Apt. #, etc.

City & State

LAPORTE, IN.

Zip  
46352

Country  
LAPORTE

City & State

LAPORTE, IND

Zip  
46352

Country  
LAPORTE

6. Name and Address of Current Registered Agent

GUY, CHESTER  
9731 SW 190TH ST  
MIAMI FL 33157

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

*Mary D. Guy*  
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 12, 2001 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  
P  
GUY, MARY  
9731 S W 190TH ST  
MIAMI FL 33157  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
VOGEL, SANTO J  
1900 SOUTH OCEAN BLVD  
POMPANO BEACH FL  
☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

*Mary D. Guy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.2.01 219-324-896

FILED  
Sep 10, 2001 8:00 am  
Secretary of State

09-10-2001 90043 013 \*\*\*550.00

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DO NOT WRITE IN THIS SPACE

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