

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90086 029 ***150.00

DOCUMENT # P97000038695

1. Entity Name

GUERDON INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

197 DRENNEN ROAD
SUITE 415
ORLANDO FL 32806

197 DRENNEN ROAD
SUITE 415
ORLANDO FL 32806

2. Principal Place of Business

2400 SMITH STREET

3. Mailing Address

P.O. BOX 453214

Suite, Apt. #, etc.

BUDG. 1, UNIT 3

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

34744

Country

Zip

34745-3214

Country

4. FEI Number

59-3446653

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

NOLASCO, GEORGE
197 DRENNEN ROAD
SUITE 415
ORLANDO FL 32806

Name

NOLASCO, GEORGE

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

2312 TURPIN DRIVE

City

ORLANDO

FL

Zip Code

32837

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

George Nolasco

GEORGE NOLASCO, PRESIDENT

4/07/01

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 ☐ Delete
NAME D
STREET ADDRESS NOLASCO, GEORGE
CITY-ST-ZIP 197 DRENNEN RD., SUITE 415
ORLANDO FL 32806

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS NOLASCO, GEORGE
CITY-ST-ZIP 2312 TURPIN DRIVE
ORLANDO, FL 32837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

George Nolasco
GEORGE NOLASCO, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/01

Date

(407)213-4431

Daytime Phone #

CR2E034 (10/00)