

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90180 015 ***150.00

DOCUMENT # P98000012984

1. Entity Name
GUARDIAN ANGEL AUTO INSURANCE AGENCY, INC.

Principal Place of Business
12550 S. MILITARY TRAIL
STE 5
BOYNTON BEACH FL 33436

Mailing Address
12550 S. MILITARY TRAIL
STE 5
BOYNTON BEACH FL 33425

2. Principal Place of Business

3. Mailing Address
12550 S. Military TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Boynton Beach FL

Zip

Country

Zip
33436

Country
USA

4. FEI Number 65-0821950

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

GARBER, BERNARD T
110 AVOCADO ROAD
DELRAY BCH FL 33444

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, 2002 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 **DP** ☐ Delete
NAME **GARBER, BERNARD T**
STREET ADDRESS **110 AVOCADO ROAD**
CITY-ST-ZIP **DELRAY BCH FL 33444**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Bernard T. Garber
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.29.02

Date

(S61) 737-1122

Daytime Phone #

CR2E034 (9/01)