

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

09-11-2002 90120 017 \*\*\*150.00

**DOCUMENT # P98000030189**

**1. Entity Name**  
**GUARDIAN REPORTING, INC.**

**Principal Place of Business**  
**315 TAYLOR STREET**  
**PUNTA GORDA FL 33950**

**Mailing Address**  
**315 TAYLOR STREET**  
**PUNTA GORDA FL 33950**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 65-0824816**

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**

**LABOR, LINDA A**  
**315 TAYLOR ST**  
**PUNTA GORDA FL 33950**

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☐ Delete  
**NAME** LABOR, LINDA A  
**STREET ADDRESS** 315 TAYLOR STREET  
**CITY-ST-ZIP** PUNTA GORDA FL 33950

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

**TITLE** STD ☐ Delete  
**NAME** ROLLINS, LISA M  
**STREET ADDRESS** 315 TAYLOR STREET  
**CITY-ST-ZIP** PUNTA GORDA FL 33950

**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**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

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**NAME**  
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**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, changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

*Linda A. Labor*  
**LINDA A. LABOR**

**9-9-02**

**(441) 575-9533**



Attachment

Guardian Reporting, Inc.

315 Taylor Street, Punta Gorda, FL 33950 • (941) 575-9533

September 10, 2002

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: 2002 Uniform Business Report  
Document # P98000030189

To Whom It May Concern:

Enclosed is our check #2961 in the amount of \$150.00 in payment of our 2002 annual UBR. Please note that Guardian Reporting, Inc., did not receive an earlier report reflecting payment due of \$150.00; however, we have always paid that amount in the past and on a timely basis. We, therefore, ask that you accept this payment as submitted.

Should you have any questions, we can be contacted at (941) 575-9533. Thank you for your consideration in this matter.

Sincerely,

Linda A. Labor, CPS, CLVS  
Owner/President

Enc. (Ck #2961)