

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90088 005 ***150.00

DOCUMENT # P98000045444

1. Entity Name

GUARDIAN SERVICES OF SW FL, INC.

Principal Place of Business

Mailing Address

~~9854 CALUSA YACHT & RACQUET CLUB DR.~~
~~FORT MYERS FL 33919~~
~~US~~

~~P.O. BOX 07033~~
~~FORT MYERS FL 33919-0051~~
~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5943 BAKER CT
 Suite, Apt. #, etc.

3. Mailing Address

5943 BAKER CT
 Suite, Apt. #, etc.

City & State

Ft. Myers FL

City & State

Ft. Myers FL

4. FEI Number

65-0836734

Applied For

Not Applicable

Zip

33919

Country

USA

Zip

33919

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~UNNUTMAZ, JALE~~
~~311 LA CASA AVENUE~~
~~FORT MYERS FL 33905~~

7. Name and Address of New Registered Agent

Name **BOYD GUARD**

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

5943 BAKER CT

City **Ft. Myers**

FL

Zip Code

33919

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 **Boyd Guard, President** **Boyd Guard, President**

4/24/00

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, 2000 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

TITLE **D** ☐ Delete
 NAME **GUARD, BOYD**
 STREET ADDRESS **5943 BAKER COURT**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **D** ☒ Delete
 NAME **UNUTMAZ, JALE**
 STREET ADDRESS **311 LA CASA AVENUE**
 CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **BOYD GUARD**
 STREET ADDRESS **5943 BAKER CT**
 CITY-ST-ZIP **Ft. Myers FL 33919**

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

TITLE ☐ Change ☐ Addition
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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: **Boyd Guard, President** **Boyd Guard, President** **4/24/00** **9414892084**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)