์ 20ัซ1 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # **P98000068457** 1. Entity Name GUIDES, INC. 04-11-2001 90129 006 ***158.75 Principal Place of Business Mailing Address 927 HICKORY ST. 927 HICKORY ST. ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 A0046940 2. Principal Place of Business 3. Mailing Address 6924 E. 69246. Alona Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3529313 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -MCHENRY, RICHARD J SR. Not Acceptable) OMA AUE 927 HICKORY ST. ALTAMONTE SPRINGS FL 32701 Zip Code City 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, typed or printed name of registered age : Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE MCHENRY, RICHARD J SR NAME NAME STREET ADDRESS STREET ADDRESS 927 HICKORY ST. CITY-ST-ZIP CITY-ST-ZIF ARK DL32797 ALTAMONTE SPRINGS FL 32701 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.