

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90033 037 ***150.00

0654383

DOCUMENT # P98000072286

1. Entity Name
GLOBAL GUARDIAN OF PINELLAS, INC.

Principal Place of Business Mailing Address
18433 DRAYTON ST **18433 DRAYTON ST**
BROOKSVILLE FL 34610 **BROOKSVILLE FL 34610**

708656



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18433 DRAYTON ST.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc. **Same**

City & State
Brooksville, FL.

City & State

4. FEI Number **59-3533586** Applied For
 Not Applicable

Zip
34610

Country
PASCO

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAMBERT, GERALD J
18433 DRAYTON ST
BROOKSVILLE FL 34610

7. Name and Address of New Registered Agent

Name **Gerald J. Lambert Jr**
 Street Address (P.O. Box Number is Not Acceptable)
18433 Drayton St.
 City **Brooksville** FL Zip Code **34610**

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 **Gerald J. Lambert Jr** DATE **1-26-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	ADAMS, CARL JR	
STREET ADDRESS	1229 15TH STREET	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMBERT, GERALD J JR	
STREET ADDRESS	18433 DRAYTON ST	
CITY-ST-ZIP	BROOKSVILLE FL 34610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-26-01**

Daytime Phone # **813 (727) 218-3457**

CR2E034 (10/00)