

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001750

1. Entity Name

GUIDES INTERNATIONAL, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90022 042 ***158.75

Principal Place of Business

Mailing Address

PO BOX 4940
FT. LAUDERDALE FL 33338

PO BOX 4940
FT. LAUDERDALE FL 33338-4940

2. Principal Place of Business

2640 HOLLYWOOD BLVD. SUITE 118

3. Mailing Address

Suite, Apt. #, etc.

SUITE 118

City & State
HOLLYWOOD, FLORIDA

City & State

Zip
33020

Country
U.S.A.

Zip

Country

4. FEI Number

65-0884955

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, GEOFF
2445 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

GEOFF LAWRENCE

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

2640 HOLLYWOOD BLVD. SUITE 118

City

HOLLYWOOD,

FL

Zip Code

33020

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.

GEOFF LAWRENCE USA DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

DATE

Apr. 24/00

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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	<input type="checkbox"/> Delete
NAME	LAWRENCE, GEOFF	
STREET ADDRESS	PO BOX 4940 N/A	
CITY-ST-ZIP	FT. LAUDERDALE FL 33338	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASHLEY, PHILLIP	
STREET ADDRESS	PO BOX 4940 N/A	
CITY-ST-ZIP	FT. LAUDERDALE FL 33338	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, STAN	
STREET ADDRESS	PO BOX 4940 N/A	
CITY-ST-ZIP	FT. LAUDERDALE FL 33338	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

GEOFF LAWRENCE USA DIRECTOR

Date

Daytime Phone #

APR 24/00 (954) 989-9298

CR2E034 (9/99)