

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001750

1. Entity Name

GUIDES INTERNATIONAL, INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90414 014 \*\*\*158.75

Principal Place of Business

2640 HOLLYWOOD BLVD  
SUITE 118  
HOLLYWOOD FL 33020  
US

Mailing Address

PO BOX 4940  
FT. LAUDERDALE FL 33338

2. Principal Place of Business

2880 W. OAKLAND PARK BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 230

City & State

City & State  
FT. LAUDERDALE, FL.

Zip

Zip  
33311

Country

USA

Country

4. FEI Number 65-0884955

☒ 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

LAWRENCE, GEOFF  
2640 HOLLYWOOD BLVD SUITE 118  
HOLLYWOOD FL 33020

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.

SIGNATURE

*Geoff Lawrence*

GEOFF LAWRENCE

APRIL 23, 01

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, 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 ☐ Delete  
NAME LAWRENCE, GEOFF  
STREET ADDRESS PO BOX 4940 N/A  
CITY-ST-ZIP FT. LAUDERDALE FL 33338

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

TITLE D ☐ Delete  
NAME ASHLEY, PHILLIP  
STREET ADDRESS PO BOX 4940 N/A  
CITY-ST-ZIP FT. LAUDERDALE FL 33338

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

TITLE D ☐ Delete  
NAME BAKER, STAN  
STREET ADDRESS PO BOX 4940 N/A  
CITY-ST-ZIP FT. LAUDERDALE FL 33338

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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Geoff Lawrence*

GEOFF LAWRENCE

APRIL 23, 01

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 989-9298

CR2E034 (10/00)