

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001750

1. Entity Name

GUIDES INTERNATIONAL, INC.

Principal Place of Business  
2880 W. OAKLAND PARK BLVD  
SUITE 230  
FORT LAUDERDALE FL 33311  
US

Mailing Address  
2880 W. OAKLAND PARK BLVD  
SUITE 230  
FORT LAUDERDALE FL 33311  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE 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

LAWRENCE, GEOFF  
2640 HOLLYWOOD BLVD SUITE 118  
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

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

2880 W. OAKLAND PARK BLVD.

SUITE 230

CITY FORT LAUDERDALE

FL

Zip Code 33311

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*  
Signature, typed or printed name of registered agent and title if applicable.

GEOFF LAWRENCE

(NOTE: Registered Agent signature required when reinstating)

Apr. 9/02

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, 2002 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
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
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 9/02

DATE

954-989-2288

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)