

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004434

1. Entity Name

GUARDIAN FINANCIAL MORTGAGE GROUP, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90168 035 ***150.00

Principal Place of Business

2200 NW CORPORATE BLVD., SUITE 304
BOCA RATON FL 33431

Mailing Address

2200 NW CORPORATE BLVD., SUITE 304
BOCA RATON FL 33431-7307

2. Principal Place of Business

2200 NW CORPORATE BLVD.
Suite Apt. #, etc.
309

3. Mailing Address

2200 NW CORPORATE BLVD.
Suite Apt. #, etc.
309

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33431

Country

FL

Zip

33431

Country

FL

6. Name and Address of Current Registered Agent

BOUCAUD, JUNE
2200 NW CORPORATE BLVD., SUITE 304
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
BOUCAUD, JUNE
Street Address (P.O. Box Number is Not Acceptable)
2200 NW CORPORATE BLVD.,
SUITE 309
City
BOCA RATON FL Zip Code
33431

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.

(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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD BOUCAUD, JUNE 11136 GRANDVIEW MANOR WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BOUCAUD, BRENT 11136 GRANDVIEW MANOR WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BOUCAUD, JUNE 8950 SONOMA LAKE BLVD. BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BOUCAUD, BRENT 8950 SONOMA LAKE BLVD. BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(BRENT BOUCAUD VTD) 4/22/00 997-6080

Date

Daytime Phone #