## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 17, 2001 8:00 am Secretary of State DOCUMENT # P99000004434 05-17-2001 91324 047 \*\*\*150.00 GUARDIAN FINANCIAL MORTGAGE GROUP, INC. Principal Place of Business Mailing Address 2200 NW CORPORATE BLVD., SUITE 304 2200 NW CORPORATE BLVD., SUITE 304 UTU67154 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address BULL 2200 NW CORDORME SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 311 City & State 4. FEI Number Applied For City & State 65-0886613 RAJON HORIDA BOCA Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired **\***3434 Fee Required 6. Name and Address of Current Registered Agent 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 3047 311 **BOCA RATON FL 33431** City 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. <u>620</u> **PSD** TITLE ☐ Delete TITLE Change ☐ Addition BOUCAND JUNE **BOUCAUD. JUNE** NAME NAME 8850 SONOMA LAKE BUD. STREET ADDRESS STREET ADDRESS 11136 GRANDVIEW MANOR CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 BOCA RATION, FL 33434 TITLE □ Delete TITLE ☐ Addition BOUCAUD, BRENT **BOUCAUD, BRENT** NAME NAME 8956 SOWMA LANG BWD. STREET ADDRESS 11136 GRANDVIEW MANOR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOCA RATION WELLINGTON FL 33414 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 embowered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an addiess, with all other like simpowered.