

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90618 021 \*\*\*150.00

**DOCUMENT # P99000004434**

1. Entity Name  
**GUARDIAN FINANCIAL MORTGAGE GROUP, INC.**



Principal Place of Business  
**2200 NW CORPORATE BLVD.  
STE 311  
BOCA RATON, FL 33431**

Mailing Address  
**2200 NW CORPORATE BLVD.  
STE 311  
BOCA RATON, FL 33431**

2. Principal Place of Business  
**2200 NW CORPORATE BLVD.**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**STE 400**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**BOCA RATON, FLORIDA**

City & State

4. FEI Number  
**65-0886613**

Applied For  
☐ Not Applicable

Zip  
**33431**

Country  
**PAUM BACH**

Zip

Country

5. Certificate of Status Desired ☐ **\$6.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOUCAUD, JUNE  
2200 NW CORPORATE BLVD., SUITE 311  
BOCA RATON, FL 33431**

Name  
**JUNE BOUCAUD**

Street Address (P.O. Box Number is Not Acceptable)  
**2200 NW CORPORATE BLVD.**

**SUITE 400**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
**PSD** ☐ Delete  
NAME  
**BOUCAUD, JUNE**  
STREET ADDRESS  
**4485 NW 28TH WAY**  
CITY-ST-ZIP  
**BOCA RATON, FL 33434**

TITLE  
**VTD** ☐ Delete  
NAME  
**BOUCAUD, BRENT**  
STREET ADDRESS  
**4485 NW 28TH WAY**  
CITY-ST-ZIP  
**BOCA RATON, FL 33434**

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PSD** ☒ Change ☐ Addition  
NAME  
**BOUCAUD, JUNE**  
STREET ADDRESS  
**2200 NW CORPORATE BLVD, SUITE 400**  
CITY-ST-ZIP  
**BOCA RATON, FL 33431**

TITLE  
**VTD** ☒ Change ☐ Addition  
NAME  
**BOUCAUD, BRENT**  
STREET ADDRESS  
**2200 NW CORPORATE BLVD, SUITE 400**  
CITY-ST-ZIP  
**BOCA RATON, FL 33431**

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

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

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

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

12. 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 10 or Block 11 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

Date

Original Phone #

CR2E034 (10/02)