

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010690

1. Entity Name

GUARDIAN CREDENTIALING SERVICES, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90011 038 ***550.00

Principal Place of Business

1419 DE LEON STREET
 CLEARWATER FL 33756

Mailing Address

1419 DE LEON STREET
 CLEARWATER FL 33756

2. Principal Place of Business

514 Brookside Dr
 Suite, Apt. #, etc.

3. Mailing Address

514 Brookside Dr
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

59-3566915

Applied For

Not Applicable

Zip

33764

Country

USA

Zip

33764

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name: CLEMENT J. HORNE

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

City CLEARWATER FL Zip Code 33764

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

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

CLEMENT J. HORNE

9/13/00

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
 NAME HORNE, CLEMENT
 STREET ADDRESS 1419 DE LEON STREET
 CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
 NAME HORNE, CLEMENT
 STREET ADDRESS 514 Brookside Dr
 CITY-ST-ZIP CLEARWATER FL 33764

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

TITLE ☐ Change ☐ Addition
 NAME
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 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:

Clement J. Horne
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/13/00 727 441 9379

Daytime Phone #

CR2E034 (5/00)