

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S25203

1. Entity Name

GUARDIAN CONSTRUCTION CORPORATION

Principal Place of Business

5455 N FEDERAL HWY
STE 1
BOCA RATON FL 33487
US

Mailing Address

C/O RICHARD HAAR
10 MIDLAND RD
NASAU HEIGHTS NY 11577
US

2. Principal Place of Business

3. Mailing Address

7169 SOUTHPORT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BEACH FL

Zip

Country

Zip

Country

33437

PALM BEACH

6. Name and Address of Current Registered Agent

EISENROD, MICHAEL S
5455 N FEDERAL HWY
STE 1
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
HARTLEY, NANCY
5455 N FEDERAL HWY, STE 1
BOCA RATON FL 33487 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PAS
EISENROD, MICHAEL S
5455 N FEDERAL HWY, STE 1
BOCA RATON FL 33487 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: *ME Michael S Eisenrod*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2001

Date

561-4478191

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90081 048 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0237962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

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