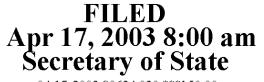
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) S50618 **DOCUMENT #** 1. Entity Name



04-17-2003 90634 030 ***150.00

GOARANTEED HOWES, INC.							
Principal Place of Business Mailing Address 7104 REDONDO DRIVE 4559 WHISPER WAY PENSACOLA FL 32526 PENSACOLA FL 32504							
2. Principal F	Place of Business	3. Mailing Address			-		AFOR OURSE FEOT
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING	CHANGES	;	
City & State		City & State			4. FEi Number 65-0262209		pplied For
Zip Country		Zip	Zip Country		5 Certificate of Status Desired	\$8.75 Ad	Iditional
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered A		7U
o. Hame and Address of Out of Hoggstores Agent				Name	٠		
BAGWELL, DIANE P			,	Ch h A - l - l (1	OO Contains in New Assessments		
4559 WHISPER WAY				Street Address (I	P.O. Box Number is Not Acceptable)		
2	DLA FL 32504						
,		•		City	FL	Zip Cod	te
the obligation of the obligati	Signature, typed or printed name of registered ager ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	at and title if applicable	· -	d Agent signature required	when reinstating) DATE 9. Election Campaign Financing Trust Fund Contribution.	\$5.0	00 May Be
	k Payable to Florida Department	t				D.DE070	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BARWELL, DIANE P 4559 WHISPER WAY PENSACOLA FL 32504	□ Delete	NAM! STRE			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BAGWELL, DAVID M 4559 WHISPER WAY PENSACOLA FL 32504	□ Delete	NAM! STRE			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ال ۱۰۶۰ کا تعمیر محمد المحمد ا	Delete	NAMI STRE	-1		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAMI STRE			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAM8 Stree	i i		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STRE			☐ Change	Addition

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: 4

595-5200 xt,213