

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90078 001 \*\*\*\*\*8.75  
 05-29-2001 90078 002 \*\*\*150.00

0047167

**DOCUMENT # S77485**

1. Entity Name

**GUARDIAN SERVICES CORP.**

Principal Place of Business

**893 VICKSBURG ST  
 DELTONA FL 32725  
 US**

Mailing Address

**893 VICKSBURG ST  
 DELTONA FL 32725  
 US**

**73794**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*1054 W. Seagate*

3. Mailing Address

*1054 W. Seagate DR*

Suite, Apt. # etc.

Suite, Apt. #, etc.

City & State

*Deltona FL*

City & State

*Deltona FL*

Zip

*32725*

Country

*USA*

Zip

*32725*

Country

4. FEI Number

**65-0281477**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRINSLEY, MICHAEL L.  
 -893 VICKSBURG ST  
 DELTONA FL 32725**

*1054 W. Seagate  
 DRIVE.*

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.)

(NOT) Registered Agent signature required when reinstating)

DATE

*4/30/01*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!  
 After MAY 1, 2001  
 Make Check Payable to Department of State**

**FEE IS \$150.00  
 Fee will be \$550.00  
 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	DPST	<input type="checkbox"/> Delete
NAME	BRINSLEY, MICHAEL L.	
STREET ADDRESS	893 VICKSBURG ST	
CITY-ST-ZIP	DELTONA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRINSLEY, JAN B.	
STREET ADDRESS	893 VICKSBURG ST	
CITY-ST-ZIP	DELTONA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 and that my name appears in Block 11 or Block 12 if changed or on an attachment with an address. With all other like empowerments.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael L. Brinsley*

*4/30/01*

Daytime Phone #

Daytime Phone #

CR2E034 (10/00)