

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000114697

**Entity Name:** YOURIDGUARD, INC.

**Current Principal Place of Business:**

4417 BEACH BOULEVARD  
SUITE 204  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4417 BEACH BOULEVARD  
SUITE 204  
JACKSONVILLE, FL 32207 US

**FEI Number:** 26-1313022

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEE, LAURENCE F III  
4811 BEACH BOULEVARD  
SUITE 433  
JACKSONVILLE, FL 32207 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            LEE, LAURENCE F III  
Address        4811 BEACH BOULEVARD  
                 SUITE 433  
City-State-Zip: JACKSONVILLE FL 32207

Title            PRES  
Name            LEE, LAURENCE F III  
Address        4811 BEACH BOULEVARD  
                 433  
City-State-Zip: JACKSONVILLE FL 32207

Title            V  
Name            LEE, LAURENCE F IV  
Address        4417 BEACH BOULEVARD  
                 SUITE 204  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAURENCE F LEE III

**PRESIDENT OWNER**

**01/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date