

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90031 038 \*\*\*158.75

**DOCUMENT # P00000003690**

1. Entity Name  
**GUARDIAN ANGELS LIVING SERVICES, INC.**

Principal Place of Business 1101 SEMINOLE DRIVE INDIAN HARBOR BEACH FL 32937	Mailing Address 1101 SEMINOLE DRIVE INDIAN HARBOR BEACH FL 32937
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3621270		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent <b>BOWZER, TAMMYA 993 SABAL GROVE DR ROCKLEDGE FL 32955</b>				7. Name and Address of New Registered Agent			
				Name <b>Tammya Schwarz</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>1101 Seminole Dr.</b>			
				City <b>Indian Harbour Beach FL</b>		Zip Code <b>32937</b>	

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 Tammya Schwarz Tammya Schwarz DATE 4/29/01

Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	
NAME	<b>BOWZER, TAMMYA</b>	NAME	<b>Schwarz, Tammya</b>	NAME		NAME	
STREET ADDRESS	<b>993 SABAL GROVE DR</b>	STREET ADDRESS	<b>1101 Seminole Dr.</b>	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	CITY-ST-ZIP	<b>Indian Harbour Beach, FL 32937</b>	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE		TITLE		TITLE	
NAME	<b>BOWZER, RICHARD L JR</b>	NAME		NAME		NAME	
STREET ADDRESS	<b>993 SABAL GROVE DR</b>	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE		TITLE		TITLE	
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE		TITLE		TITLE	
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE		TITLE		TITLE	
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		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: Tammya Schwarz Tammya Schwarz DATE 4/29/01 DAYTIME PHONE # 321-773-6595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)