2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000036982

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	Aug 14, 2003 8:00 an
4/′.	Secretary of State
	08-04-2003 90144 037 ***550.00

Entity Nam A GUIDIN	e G ANGEL, INC.						
Principal Place of Business 409 GLENRIDGE AVENUE NORTHWEST PORT CHARLOTTE FL 33952		Mailing Address 409 GLENRIDGE AVENUE NORTHWEST PORT CHARLOTTE FL 33352		JEST	55054203		
2. Principal P	lace of Business	3 Mailing Address 7.0 1261			and the state of t		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		PUNTA GORDA FL			4. FEI Number Applied For Not Applicable		
Zip	Country	Zip O	3 951-126 Coun		5. Certificate of Status Desired		
	6. Name and Address of Curren	Registered Agent			7. Name and Address of New Registered Agent		
WOOLOD	IDGE, EVELYN V			Name	1E REWING -		
409 GLEN	iridge avenue northwest Arlotte FL 33952			" "LO" (Blenridge Ave Nw		
Dort () 7 - F1 320 5							
 The above the obligat 	named entity submits this statement fions of registered agent.	or the purpose of changing	ng its registere	d office or register	ed agent, or both, in the State of Florida. I am familiar with, and accep-		
SIGNATURE Signiful p. (spec) or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE VIOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10,	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOLDRIDGE, EVELYN V 409 GLENRIDGE AVENUE NOR PORT CHARLOTTE FL 33952	THWEST		ET ADDRESS P.	LEVE K. EWING Change MAddition S ESCOENT O.BOX 511261 NTA CORNA FL 33951-1261		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· .	☐ Delete	NAM! STRE		Change Addition &		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	STREE	ET ADDRESS SI-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delste	TITLE NAME STREE		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE		☐ Change ☐ Addition		
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete		ď	☐ Change ☐ Addition		
12. Thereby certify that the information supplied with this filling 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: SIGNATURE REFRIRED 7/5/03 941) 380-8466							



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

August 6, 2003

A GUIDING ANGEL, INC. P.O. BOX 511261 PUNTA GORDA, FL 33951-1261

Subject: A GUIDING ANGEL, INC.

Reference Number:

P02000036983

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The registered agent must have a Florida street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH ANNUAL REPORTS SECTION

Corrected per your request. Please let us know if you need anything further

> SHIRLEYS BOOKKEEPING & TAX SERVICE 121 E. Charlotte Avenue, Punta Gorda, FL 33950