

FILED  
May 08, 2003 8:00 am  
Secretary of State

04-14-2003 90737 007 \*\*\*150.00

4/14/

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO 2000004440

1. Entity Name

ANGELS TO LOVE ADOPTION  
AND Home Study Agency



DO NOT WRITE IN THIS SPACE

55038857

2. Principal Place of Business

1936 HOWELL BRANCH RD 1001 BUTLER CREEK CT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK, FL

City & State

OVIEDO, FL

4. FEI Number

04-3681631

Applied For

☒ Not Applicable

Zip

32788

Country

SEMINOLE

Zip

32765

Country

SEMINOLE

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

MARGARET S. BUZAN, LCSW

Street Address (P.O. Box Number is Not Acceptable)

1001 BUTLER CREEK CT

City

OVIEDO

FL

Zip Code

32765

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Margaret S. Buzan, LCSW President

April 11, 2003

January 1 - May, Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT / OWNER

M. S. BUZAN, LCSW

1001 BUTLER CREEK CT

OVIEDO, FL 32765

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DIRECTOR OF CLINICAL SERVICES

VICE PRESIDENT

MARIA LAWRENCE

1936 HOWELL BRANCH RD

WINTER PARK, FL 32792

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MR D. GLEN HANKS

1936 HOWELL BRANCH RD

WINTER PARK, FL 32792

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET S. BUZAN, LCSW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/03

407-366-7153

CR2E034B (12/02)