

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90049 014 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000001998

1. Entity Name
GUARDIAN ANGEL WINGS, INC.

Principal Place of Business Mailing Address
H CO1 BOX RBR, HIGHWAY 19 SOUTH **H CO1 BOX RBR, HIGHWAY 19 SOUTH**
PALATKA FL 32177 **PALATKA FL 32177**

2. Principal Place of Business 3. Mailing Address
380 BOYS RANCH ROAD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
PALATKA, FLORIDA
 Zip Country Zip Country
32177 **USA**

4. FEI Number Applied For
59-3450056 ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOHNSON, KENNETH
H CO1 BOX RBR, HIGHWAY 19 SOUTH
PALATKA FL 32177

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
380 BOYS RANCH ROAD
 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 **1/10/01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution. ☐

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, KENNETH H CO1 BOX RBR, HIGHWAY 19 SOUTH PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATKINS, STEVE H CO1 BOX RBR, HIGHWAY 19 SOUTH PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARREN, MARK H CO1 BOX RBR, HIGHWAY 19 SOUTH PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRANCH, CARLOS H CO1 BOX RBR, HIGHWAY 19 SOUTH PALATKA FL 32177	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 380 BOYS RANCH ROAD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 380 BOYS RANCH ROAD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 380 BOYS RANCH ROAD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 380 BOYS RANCH ROAD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Lester, Glen 380 Boys Ranch Road Palatka, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **1/10/01** **904-328-1281**
 Signature, typed or printed name of signing officer or director Day Daytime Phone #

CR2E037 (10/00)