

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 17, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000001572**1. Entity Name  
**GOOD AND FAITHFUL SERVANTS, INC.**Principal Place of Business  
15167 SW 127TH CIR COURT  
MIAMI FL 33186  
Mailing Address  
P.O. BOX 161157  
MIAMI FL 331162. Principal Place of Business  
14315 SW 105 COURT  
Suite, Apt. #, etc.3. Mailing Address  
Suite, Apt. #, etc.City & State  
MIAMI FL  
Zip  
33176  
Country4. FEI Number  
**65-0895800**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
POOLE ANGELA M  
15167 SW 127TH CIRCLE COURT  
MIAMI FL 331867. Name and Address of New Registered Agent  
Name  
POOLE ANGELA MCPA  
Street Address (P.O. Box Number is Not Acceptable)  
14315 SW 105 COURT  
City  
MIAMI FL Zip Code  
33176

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 **ANGELA M. POOLE, CPA****05/17/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**Make Check Payable to  
Department of State**10. OFFICERS AND DIRECTORS  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
MOSS DORIS L  
10814 SW 141ST LANE  
MIAMI FL 33176  
Delete  
VPD  
POOLE COREY D  
15167 SW 127TH CIRCLE COURT  
MIAMI FL 33186  
Delete  
PD  
POOLE ANGELA M  
15167 SW 127TH CIRCLE COURT  
MIAMI FL 33186  
Delete  
Delete  
Delete11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
VPD  
POOLE COREY D  
14315 SW 105 COURT  
MIAMI FL 33176  
Change Addition  
PD  
POOLE ANGELA M  
14315 SW 105 COURT  
MIAMI FL 33176  
Change Addition  
Change Addition  
Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

**SIGNATURE: Angela M. Poole PD 05/17/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)