

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90231 036 \*\*\*150.00

**DOCUMENT # P00000020269**

1. Entity Name  
**EARTH'S ANGEL HEALING CENTER, INC.**

Principal Place of Business  
**11 E. ORANGE STREET  
AVON PARK FL 33825**

Mailing Address  
**11 E. ORANGE STREET  
AVON PARK FL 33825**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-1057745**

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

**GRIFFIN, DEBORAH  
11 E. ORANGE STREET  
AVON PARK FL 33825**

## 7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State**

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

## 11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **GRIFFIN, DEBORAH**  
STREET ADDRESS **11 E. ORANGE STREET**  
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/5/01 863-453-7703**

0122964 AT

CR2E034 (5/01)

Attachments

#P000 0002269  
B1061193

Division of Corporations  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee, FL 32202-1500

July 5, 2001

Dear Sirs,

I have just received the form in the mail for the Uniform Business Report. It is the first one I have seen come to me. I understand they are usually sent out at the beginning of the year and that at that time I would have owed \$150.00. It is my first year in business but I honestly do not remember seeing it and I hope you will allow me to pay the yearly fee of \$150.00 and waive the late fee. I did not know anything about this report.

I hope you will vote favorably for me in this matter and I want to thank you for your time and consideration in advance. In the mean time I have sent you this check for \$150.

Thank You,

Sincerely,



Deborah Griffin  
Earths Angel Healing Center