

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90005 006 \*\*\*150.00

0471855 AV

**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**

60627896



2. Principal Place of Business

**1423 Jeter Rd**  
 Suite, Apt. #, etc.

3. Mailing Address

**1423 Jeter Rd**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Avon Park, FL**  
 Zip 33825 Country U.S.

City & State

**Avon Park, FL**  
 Zip 33825 Country U.S.

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 **Griffin, Deborah**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1423 Jeter Rd**  
 City **Avon Park** FL Zip Code **33825**

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 \_\_\_\_\_ (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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRIFFIN, DEBORAH</b>	
STREET ADDRESS	<b>11 E. ORANGE STREET</b>	
CITY-ST-ZIP	<b>AVON PARK FL 33825</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1423 Jeter Rd</b>	
CITY-ST-ZIP	<b>Avon Park, FL 33825</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/29/02 863-453-7703**  
 Date Daytime Phone #

CR2E034 (9/01)