

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91401 030 \*\*\*150.00

**DOCUMENT #** P00000095259

**1. Entity Name**  
GUARDIAN ANGELS CHILDCARE/PRE-SCHOOL, INC.



**Principal Place of Business**  
9111 STAR DEVANT ST  
PENSACOLA FL 32514

**Mailing Address**  
9111 STAR DEVANT ST  
PENSACOLA FL 32514

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

9111 Stardevant St. Ste B

Suite, Apt. #, etc.

City & State  
Pensacola, Fla

City & State

Zip  
32514

Country  
Escambia

Zip

Country

**4. FEI Number** 59-3675229

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

WHIBBS, SUZANNE N  
421 NORTH PALAFOX STREET  
PENSACOLA FL 32501

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

**SIGNATURE** *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

*[Signature]* (Vice President)

4-22-03

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** P ☐ Delete  
**NAME** THURMAN, JOYCE  
**STREET ADDRESS** 9111 STAR DEVANT ST  
**CITY-ST-ZIP** PENSACOLA FL 32514

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

**TITLE** VP ☐ Delete  
**NAME** THURMAN, JOHN  
**STREET ADDRESS** 9111 STAR DEVANT ST  
**CITY-ST-ZIP** PENSACOLA FL 32514

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* (Vice President) 4-22-03  
Date Daytime Phone #

CR2E034 (10/02)