

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

192

DOCUMENT # **P01000088345**

1. Entity Name

Guardian Angel Transportation Svc Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14725 NW 9TH Ave

Suite, Apt. #, etc.

3. Mailing Address

14725 NW 9TH Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33168

Country

USA

City & State

Miami, FL

Zip

33168

Country

USA

4. FEI Number

65-1136062

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Linda M. Shuler

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

14725 NW 9TH Ave

City

Miami

FL

Zip Code

33168

**DO NOT WRITE
IN THIS SPACE**

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

Linda M. Shuler, Linda M. Shuler Director

9/13/02

(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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D Linda M. Shuler 14725 NW 9TH Ave Miami, FL 33168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300007979529--1 -09/24/02--01030--010 *****150.00 *****150.00
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CR2E034B (12/01)

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 on an attachment with an address, with all other the empowered.

SIGNATURE:

Linda M. Shuler, Linda M. Shuler

9/13/02

(305) 336-0630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Guardian Angels Transportation Service, Inc.

August 20, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Guardian Angels Transportation Service, Inc.
FEI #: 65-1136062

To Whom It May Concern:

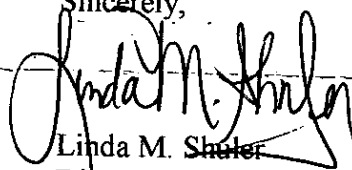
This letter is to inform you that I'm a new business owner and was not aware that a annual report renewal is due until I recently received a Uniform Business Report with a filing fee of \$550.00.

I am requesting a waiver of penalty for late filing. I was informed by a representative in your office by the name of Amy on yesterday, August 19, 2002 that a written request along with a check in the amount of \$150.00 must be submitted.

Thanking you in advance for your cooperation in this matter.

If you have any questions or need additional information, please feel free to call me at (305) 336-0620.

Sincerely,



Linda M. Shuler
Director/Owner