

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**  
 03-20-2000 90035 016 \*\*\*158.78

**DOCUMENT # P95000008672**

1. Entity Name

~~GUARDIAN HEALTH CARE, INC.~~

*Guardian Angel Home Health Care, Inc.*

Principal Place of Business

Mailing Address

9853 N. TAMiami TRAIL  
 SUITE ~~22~~ 227  
 NAPLES FL 34108

9853 N. TAMiami TRAIL  
 SUITE ~~22~~ 227  
 NAPLES FL 34108-1995



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*9853 N. Tamiami Trail*

3. Mailing Address

*9853 N. Tamiami Trail*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Naples, Florida*

City & State

*NAPLES, FLORIDA*

Zip

*34108*

Country

*COLLIER*

Zip

*34108*

Country

*COLLIER*

4. FEI Number

*65-0800633*

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TROY-VOIGT, MARIANNE  
 11031 CHERRY DR.  
 BONITA SPRINGS FL 34135-5810

7. Name and Address of New Registered Agent

Name

*JESSICA STUMPF*

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

*20 CRESTWOOD CIRCLE SOUTH*

City

*LEHIGH ACRES*

FL

Zip Code

*33936*

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

*Jessica Stumpf*

(NOTE: Registered Agent signature required when reinstating)

*3/14/00*

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, 2000 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>P</b>	<input type="checkbox"/> Delete
NAME	<b>TROY-VOIGT, MARIANNE</b>	
STREET ADDRESS	<b>11031 CHERRY DR.</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135-5810</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	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUMPF, JESSICA</b>	
STREET ADDRESS	<b>20 CRESTWOOD CIR SOUTH</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES, FLORIDA 33936</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:

*Jessica Stumpf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/14/00*

Date

*(941) 303-1675*

Daytime Phone #