

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P990000030266**

1. Entity Name

GUARDIAN ANGELS Childcare, Inc.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90097 008 ***150.00

Principal Place of Business

Mailing Address

3750 N.E. 3rd AVE.
POMPANO BEACH, FL
33064

P.O. BOX 543
POMPANO BEACH, FL
33061-0543

2. Principal Place of Business

3. Mailing Address

GUARDIAN ANGELS Childcare, Inc.
Suite, Apt. #, etc.

GUARDIAN ANGELS Childcare, Inc.
Suite, Apt. #, etc.

3750 N.E. 3rd AVE

P.O. BOX 543

City & State
POMPANO BEACH, FL

City & State
POMPANO BEACH, FL

Zip
33064

Country
USA

Zip
33061

Country
USA

A0072037

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
LINDA SCRUTON

Street Address (P.O. Box Number is Not Acceptable)
370 N.E. 24th ST

City
BOCA RATON FL Zip Code
33431

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 Scruton

8-2-00

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 \$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 PRESIDENT	<input type="checkbox"/> Delete
NAME MARTHA HALE	
STREET ADDRESS P.O. BOX 543	
CITY-ST-ZIP POMPANO BEACH, FL 33061-0543	
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	
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:

Marttha Hale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 2, 2000
Date
954-427-7491
954-946-4190
Daytime Phone #

CR2E034 (9/99)

attachment Doc#

P99000030266
A0072037

AUGUST 3, 2000

DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FLORIDA 32399

RE: 2000 UNIFORM BUSINESS REPORT
GUARDIAN ANGELS CHILDCARE, INC.

DIVISION OF CORPORATIONS,

ENCLOSED IS MY 2000 UNIFORM BUSINESS REPORT FOR MY CORPORATION,
GUARDIAN ANGELS CHILDCARE, INC., ALONG WITH MY CHECK FOR \$150.00.

BEING A NEW CORPORATION, I WAS UNAWARE OF THE PROCEDURE FOR
ANNUAL RENEWING. I HAVE ALSO MOVED FROM LAST YEAR'S PHYSICAL
LOCATION AND DID NOT RECEIVE THE FIRST OR SECOND NOTICE YOU
MAILED OUT, DUE TO A MISUNDERSTANDING OF MY PREVIOUS LANDLORD
IN FORWARDING ANY MAIL TO ME.

I SINCERELY APOLOGIZE FOR MAILING THIS IN LATE. IN FACT, IT WAS
QUITE BY ACCIDENT I LEARNED OF THE RENEWAL. IN RENEWING MY
ANNUAL CHILD CARE LICENSE, ONE OF THE REQUIREMENTS IS A STATUS
REPORT ON MY CORPORATION. WHEN I CALLED TO OBTAIN THAT
INFORMATION, I LEARNED OF THIS SITUATION ————AND ABOUT HAD A
HEART ATTACK !! SERIOUSLY, I WAS VERY SURPRISED AND CONCERNED.
SO I IMMEDIATELY REQUESTED A FORM, AND AM MAILING IT BACK THE
NEXT DAY AFTER RECEIVING IT.

IF AT ALL POSSIBLE, CAN YOU PLEASE PROCESS THIS AS SOON AS
POSSIBLE, SO I MAY OBTAIN AN ACTIVE STATUS REPORT FOR MY CHILD
CARE LICENSE WHICH IS DUE BEFORE SEPTEMBER 1, 2000.

AGAIN, I AM SORRY AND WILL BE AWARE OF YOUR PROCEDURE FOR
THIS NEXT YEAR.

THANKS,
Martha Hale
MARTHA HALE, PRESIDENT
GUARDIAN ANGELS CHILDCARE, INC
P.O. BOX 543
POMPANO BEACH, FL 33061 - 0543