

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031572

1. Entity Name

GUARDIAN ANGELS PET RESCUE INC.

Non Profit

Principal Place of Business

1135 SUNFLOWER TRAIL  
ORLANDO FL 32828

Mailing Address

1135 SUNFLOWER TRAIL  
ORLANDO FL 32828-5349

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593571861

Applied For

Not Applied

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEREEN, JO ANN  
1135 SUNFLOWER TRAIL  
ORLANDO FL 32828

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.

SIGNATURE

JoAnn L Vereen

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. EXISTING OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

D

☐ Delete

NAME

VEREEN, JO ANN

STREET ADDRESS

1135 SUNFLOWER TRAIL

CITY-ST-ZIP

ORLANDO FL 32828

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 Name of Signing Officer or Director  
JoAnn L Vereen

Date

Daytime Phone #

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90204 011 \*\*\*158.75



DO NOT WRITE IN THIS SPACE