## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900031572

1. Entity Name

GUARDIAN ANGELS PET RESCUE INC.



## FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90156 039 \*\*\*158.75

Principal Place of Business Mailing Add 1135 SUNFLOWER TRAIL 1135 SUNFI ORLANDO FL 32828 ORLANDO					L							
Principal Place of Business 3. Mailing Address									afii beiba (	184 11881 BILLI		
Suite, Apt	. #, etc.	*	1	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	te			City & State			4. FEI Number 59-3571861 Applied For Not Applicable					
Zip Country				Zip Country		ntry	5.	Certificate of Status Desired	D)	8.75 Ad	Iditional	
7	6. Name	and Addre	ss of Curre	ent Registered Agent	<del></del>	1	7.	Name and Address of New Reg			-	
			-			Name				<u> </u>		
VEREEN,						Street Address (F	20	Box Number is Not Acceptable)				
	iflower tr ) FL 32828	RAIL				-		DOX NOT TOO 13 NOT ACCEPTABLE)	-	<del></del>		
						City		<del></del>	FL	Zip Coc	de	
8. The above the obligat	e named entity tions of registe	submits the	is statemen	t for the purpose of changing it	s register	ed office or registere	ed aç	gent, or both, in the State of Florid		miliar with,	and accept	
SIGNATURE .	Signature, typed or	r printed name	of registered ag	ent and title if applicable. (NO	TE: Registere	d Agent signature required	whom	reinstation	DATE		<del></del>	
After Make Check	ILE NOW!!! May 1, 2003 Payable to	Florida D	be \$550.0 epartment	of State				Election Campaign Finance Trust Fund Contribution.		Added	00 May Be d to Fees	
10.	D	0	FFICERS AN	ND DIRECTORS	11.		Α[	DDITIONS/CHANGES TO OFFICE	RS AND I	DIRECTOR	S IN 11	
TITLE NAME	VEREEN, JO	ANN		☐ Delete	TITLE					Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1135 SUNF	Lower 1	RAIL			ET ADDRESS -ST-ZIP	٠			1		
TITLE		•		☐ Delete	TITLE			<del></del>		Change	☐ Addition	
NAME					NAME					Change	Audillon	
STREET ADDRESS CITY-ST-ZIP					4	ET ADDRESS ST-ZIP						
TITLE				☐ Delete	TITLE	,-				Change	Addition	
NAME STREET ADDRESS					NAME					_	_	
CITY-ST-ZIP						ET ADDRESS ST-ZIP						
TITLE												
NAME				☐ Delete	TITLE	~			{	Change	☐ Addition	
STREET ADDRESS						T ADDRESS					1	
CITY-ST-ZIP					1	ST-ZIP					ĺ	
TITLE	·			☐ Delete	TITLE					Change	Addition	
NAME					NAME					_ Onlings	☐ Addition	
STREET ADDRESS					STREE	T ADDRESS						
CITY-ST-ZIP				<u> </u>	CITY-	ST-ZIP						
TITLE				☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	
NAME					NAME	1			·	<b>a</b> -	_	
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP						ST-ZIP					}	
of the corp	oration or the	receiver or	trustee em	ith this filing does not qualify for is true and accurate and that r powered to execute this report , with all other like empowered.	ny signati	nption stated in Secture shall have the sa and by Chapter 607, F	ion 1 me l Florid	119.07(3)(i), Florida Statutes. I furt egal effect as if made under oath; da Statutes; and that my name app	her certify that I am bears in B	that the in an officer of lock 10 or	formation or director Block 11 if	

SIGNATURE:

GNATURE AND TYPED ON PRINTED NAME OF

ICER OR DIRECTOR

Date Date Daytime Phone #