

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000042281**

1. Entity Name

LITTLE ANGELS' ACADEMY, INC.**FILED****Jan 26, 2001 8:00 am**
Secretary of State

01-26-2001 90153 016 ***150.00

Principal Place of Business

**4383 SEABREEZE DRIVE
JACKSONVILLE FL 32250**

Mailing Address

**4383 SEABREEZE DRIVE
JACKSONVILLE FL 32250**

2. Principal Place of Business

5265 Timuguan Rd.
Suite, Apt. #, etc.

3. Mailing Address

3540 Woodley Park Place
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Oviedo, FL

4. FEI Number

59-3574733

Applied For

Not Applicable

Zip

32210

Country

Duval

Zip

32765

Country

Seminole5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WARFEL, RICHARD H
4383 SEABREEZE DRIVE
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name

Warfel, Richard H.

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

3540 Woodley Park Place

City

Oviedo**FL**

Zip Code

32765

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

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, 2001 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 **PD** ☐ Delete
NAME **WARFEL, JOANNA T**
STREET ADDRESS **4383 SEABREEZE DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32250**TITLE **ST** ☐ Delete
NAME **WARFEL, RICHARD H**
STREET ADDRESS **4383 SEABREEZE DRIVE**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Joanna T. Warfel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/17/01

Daytime Phone #

904-318-5721

CR2E034 (10/00)