

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 14, 2000 8:00 am
Secretary of State

04-24-2000 90057 041 ***150.00
 09-14-2000 90009 046 ***550.00

DOCUMENT # P99000102098

1. Entity Name
THE GUARDIAN ANGELS DAY CARE CENTER CORPORATION

Principal Place of Business 859 MASON AVE DAYTONA BEACH FL 32117	Mailing Address 859 MASON AVE DAYTONA BEACH FL 32117
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number 59-3630663	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
STARKS, CYNTHIA S
859 MASON AVE
DAYTONA BEACH FL 32117

7. Name and Address of New Registered Agent
 Name: **Cynthia Smith-Starks**
 Street Address (P.O. Box Number is Not Acceptable): **884 Derbyshire Road**
 City: **Daytona Beach** FL Zip Code: **32117**

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: **Cynthia Smith-Starks** DATE: **9/5/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	Director OWNER <input type="checkbox"/> Delete Cynthia Smith-Starks 884 - Derbyshire Road Daytona Beach, Fla. 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY Leona Smith <input type="checkbox"/> Delete 451 ARTHUR STREET Daytona Beach, Fla. 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORSY Kenneth Smith <input type="checkbox"/> Delete 2855 Appalachee Pkwy TALLAHASSEE Fla. 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Cynthia Smith-Starks** DATE: **9/5/00** DAYTIME PHONE #: **904 239-0188**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)