

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91194 019 \*\*\*158.75

**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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3630663**

Applied For  
 Not Applicable

Zip Country

Zip Country

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**

**STARKS, CYNTHIA S**  
**884 DZIBYSHIRE ROAD**  
**DAYTONA BEACH FL 32117**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 + \$8.75**  
**After May 1, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
 NAME **DO SMITH-STARKS, CYNTHIA**  
 STREET ADDRESS **894 DERBYSHIRE ROAD**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE  Change  Addition  
 NAME **SMITH-STARKS Cynthia**  
 STREET ADDRESS **894 Derbyshire Road**  
 CITY-ST-ZIP **Daytona Beach, Florida - 32117**

TITLE  Delete  
 NAME **D SMITH, MARY LEONA**  
 STREET ADDRESS **451 ARTHUR STREET**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D SMITH, COREY KENNETH**  
 STREET ADDRESS **2855 APPALACHEE PARKWAY**  
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE  Change  Addition  
 NAME **SMITH, COREY KENNETH**  
 STREET ADDRESS **884 Derbyshire Road**  
 CITY-ST-ZIP **Daytona Beach, Florida 32117**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  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: *Cynthia Starks* **SIGNATURE REQUIRED** 4-29-2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)