

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107296

Entity Name

GUARDIAN ANGELS SERVICE CORPORATION



**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90093 042 \*\*\*150.00

Principal Place of Business

ADAMS CT  
BEACH FL 32937

Mailing Address

44 ADAMS CT  
SATELLITE BEACH FL 32937

Principal Place of Business

1735 Sugartown St.  
Suite, Apt. #, etc.

3. Mailing Address

2447 N. Wickham Rd #35  
Suite, Apt. #, etc.

City & State

Port St John FL

City & State

Melbourne FL

Zip Country  
32927 USA

Zip Country  
32937 USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAYMORE, TARA  
44 ADAMS CT  
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name Tara Raymore  
Street Address (P.O. Box Number is Not Acceptable)  
4735 Sugartown Street  
City Port St. John FL Zip Code 32927

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.

Tara Raymore  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/04/00  
Date

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>Tara Raymore 4735 Sugartown St Port St John FL 32927 President</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY - ST - ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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: Tara Raymore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/04/00  
Date

Daytime Phone #

CF2E034 (9/99)