

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90020 023 ****61.25

DOCUMENT # N93000005259

1. Entity Name
ANGELWOOD, INC.

Principal Place of Business 10837 CHEATHAM TRAIL JACKSONVILLE FL 32223 US	Mailing Address P.O. BOX 24925 JACKSONVILLE FL 32241-4925 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State	4. FEI Number 59-3212078	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5.-Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TUTTLE, DIANE 10837 CHEATHAM TRAIL JACKSONVILLE FL 32223	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: GRAMLING, NADINE STREET ADDRESS: 11801 LA VOICA CITY-ST-ZIP: JACKSONVILLE FL 32251	<input type="checkbox"/> Delete	TITLE: PD NAME: BRIAN KELLY STREET ADDRESS: P.O. BOX 10007 CITY-ST-ZIP: JACKSONVILLE, FL 32247	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: ADAMS, SCOTT STREET ADDRESS: P O BOX 41285 CITY-ST-ZIP: JACKSONVILLE FL 32203	<input type="checkbox"/> Delete	TITLE: VPD NAME: WAHBY, ROBIN STREET ADDRESS: 4600 TOUCHTON RD EAST #200 CITY-ST-ZIP: JACKSONVILLE, FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: RAINES, TIMOTHY STREET ADDRESS: 1514 NIRA ST CITY-ST-ZIP: JACKSONVILLE FL 32207	<input type="checkbox"/> Delete	TITLE: SD NAME: SURRATI, JAMIE STREET ADDRESS: 7006 WENSLEY AVE CITY-ST-ZIP: JACKSONVILLE, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: O'BRIEN, WILLIAM STREET ADDRESS: 1395 AVONDALE AVENUE CITY-ST-ZIP: JACKSONVILLE FL 32205	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: HAMILTON, LISA STREET ADDRESS: 5001 HAVENWOOD OAK TERRACE CITY-ST-ZIP: JACKSONVILLE, FL 32244	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD D NAME: WILLIS, ROBERT S. STREET ADDRESS: 503 E. MONROE ST. CITY-ST-ZIP: JACKSONVILLE FL 32202	<input type="checkbox"/> Delete	TITLE: D NAME: TUCKER, BILLIE STREET ADDRESS: 8375 BASCOM RD CITY-ST-ZIP: JACKSONVILLE, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: DRAYTON- HARRIS, PAULINE HON STREET ADDRESS: 330 E BAY ST CITY-ST-ZIP: JACKSONVILLE FL 32202	<input type="checkbox"/> Delete	TITLE: D NAME: TUCKER RANDY STREET ADDRESS: 8375 BASCOM RD. CITY-ST-ZIP: JACKSONVILLE, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane B. Tuttle* 3/1/02 904-708-0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)