

FILED
Jun 06, 2002 8:00 am
Secretary of State

05-20-2002 90105 038 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000048635

1. Entity Name
ANGELICAL SERVICE, INC.

Principal Place of Business
2729 GODWIN LANE
PENSACOLA FL 32526

Mailing Address
2729 GODWIN LANE
PENSACOLA FL 32526

2. Principal Place of Business
9891 AILERON AVE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 36418
Suite, Apt. #, etc.

City & State
PENSACOLA, FL
Zip 32506 Country

City & State
PENSACOLA, FL
Zip 32516 Country

4. FEI Number
59-3719863

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MELLO, FABIANA D
2729 GODWIN LANE
PENSACOLA FL 32526

7. Name and Address of New Registered Agent
Name DE MELLO, FABIANA
Street Address (P.O. Box Number is Not Acceptable)
9891 AILERON AVE
City PENSACOLA FL Zip Code 32506

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 Fabiana de Mello (FABIANA DE MELLO) DATE 4/26/02
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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE MELLO, FABIANA 2729 GODWIN LANE PENSACOLA FL 32526	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. DE MELLO, FABIANA 9891 AILERON AVE PENSACOLA, FL 32506	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Fabiana de Mello (FABIANA DE MELLO) DATE 4/25/02 (850) 456-6163
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (9/01)