

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90436 041 ***158.75

DOCUMENT # P01000081005

1. Entity Name
CHRISTIAN J ANGLE INC.



Principal Place of Business
717 NEW JERSEY ST.
WEST PALM BEACH FL 33401

Mailing Address
717 NEW JERSEY ST.
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

717 New Jersey St.

717 New Jersey St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NA

NA

City & State

City & State

West Palm Beach FL

West Palm Beach FL

Zip

Country

Zip

Country

33401

USA

33401

USA

4. FEI Number 65-1130036

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGLE, CHRISTIAN J
901 NORTH 'O' STREET
LAKE WORTH FL 33460

Name Angle, Christian J.
Street Address (P.O. Box Number is Not Acceptable)
717 New Jersey St.
City West Palm Beach FL Zip Code 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVS
NAME ANGLE, CHRISTIAN J
STREET ADDRESS 717 NEW JERSEY ST
CITY-ST-ZIP WEST PALM BEACH FL 33401

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CITY-ST-ZIP

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Christian J. Angle

Date

Daytime Phone #

4/11/03

561-662-6836

CR2E034 (10/02)