

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90027 037 ***150.00

DOCUMENT # P27709
 1. Entity Name
ANGE CONTRACTORS, INC.

| | |
|---|--|
| Principal Place of Business 3145 GOLDENROD SARASOTA FL 34239 US <i>Sarasota FL.</i> | Mailing Address 3145 GOLDENROD ST SARASOTA FL 34239-5610 US |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. <i>3145 goldenrod st</i> | 3. Mailing Address Suite, Apt #, etc. <i>3145 goldenrod st.</i> |
|---|---|

| | | | |
|-------------------------------------|-------------------------------------|------------------------------------|---|
| City & State <i>Sarasota FL.</i> | City & State <i>Sarasota FL.</i> | 4. FEI Number 98-0081973 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip <i>34239.</i> | Country <i>Sarasota.</i> | Zip <i>34239.</i> | Country <i>Sarasota.</i> |

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

6. Name and Address of Current Registered Agent
GUGLIELMO, ANGELO
3145 GOLDENROD
SARASOTA FL 34239

7. Name and Address of New Registered Agent
 Name
Angelo Guglielmo.
 Street Address (P.O. Box Number is Not Acceptable)
3145 goldenrod st.
 City
Sarasota FL 34239.
 FL Zip Code *34239.*

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
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**

| 11. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVS GUGIELMO, ANGELO 323 BOLER ROAD LONDON ONTARIO, CAN <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GUGIELMO, ANGELO 323 BOLER ROAD LONDON ONTARIO, CAN <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Additor |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Additor |

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: *Angelo Guglielmo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *1/17/2000* Daytime Phone # _____