

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State
 03-24-2002 90051 027 ***150.00

0504087 AV

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

Principal Place of Business 3145 GOLDENROD SARASOTA FL 34239 US	Mailing Address 3145 GOLDENROD ST SARASOTA FL 34239 US
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2. Principal Place of Business Suite, Apt., #, etc. 3145 GOLDENROD ST	3. Mailing Address Suite, Apt., #, etc. 3145 GOLDENROD ST
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DO NOT WRITE IN THIS SPACE

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 GUGLIEMO
 Street Address (P.O. Box Number is Not Acceptable)
3145 GOLDENROD ST
 City
SARASOTA 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 _____

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	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **ANGELO GUGLIEMO** 3-7-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 1941-922-6735

CR2E034 (9/01)