

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90310 039 ***150.00

UBR 1/1/03 AV

DOCUMENT # P27709

1. Entity Name
ANGE CONTRACTORS, INC.



Principal Place of Business
**3145 GOLDENROD ST
SARASOTA FL 34239
US
SARASOTA FL**

Mailing Address
**3145 GOLDENROD ST
SARASOTA FL 34239
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
SARASOTA FL

3. Mailing Address
3145 GOLDENROD ST.

Suite, Apt. #, etc.
3145 GOLDENROD ST.

City & State
SARASOTA FL

City & State
SARASOTA FL.

Zip
342-39

Country
SARASOTA

Zip
342-39

Country
SARASOTA

4. FEI Number **98-0081973**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GUGLIELMO, ANGELO
3145 GOLDENROD ST
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 FL

Zip Code
342-39

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 *Angelo Guglielmo* **1-13-03**

Signature, typed or printed 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS GUGLIELMO, ANGELO 323 BOLER ROAD LONDON ONTARIO, CAN	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUGLIELMO, 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

11. 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
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

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: *Angelo Guglielmo* **REQUIRED Angelo Guglielmo 941-922-6735**

Signature and typed or printed name of signing officer or director Date **1-13-03** Phone #

CR2E034 (10/02)