2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90206 023 ***150.00

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DOCUMENT # P96000042228

1. Entity Name
ANGELA NEEL INTERIORS, INC.

Principal Place of Business	Mailing Address
251-D PLAZA DRIVE OVIEDO FL 32765	251-D PLAZA DRIVE OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
460 N. ORLANDO AVE	460 N. ORLANDO AVE
Suite, Apt. #, etc.: 109	Suite, Apt. #, etc.: 109
City & State: WINTER PARK FL	City & State: WINTER PARK FL
Zip: 32789 Country: ORANGE	Zip: 32789 Country: ORANGE

4. FEI Number 59-3379054 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAPLON, ANGELINE R. 508 ERICA WAY WINTER SPRINGS FL 32~~070~~ 32708	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NEEL, ANGELA M 251-D PLAZA DRIVE OVIEDO FL 32765	☐ Delete	☒ Change ☐ Addition 460 N. ORLANDO AVE #109 WINTER PARK FL 32789	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAPLON, ANGELINE F. 508 ERICA WAY WINTER SPRINGS FL 32708	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

CR2E034 (10/00)

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: _____ ANGELA NEEL INTERIORS, INC 4-16-01 (407) 740-8070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #