

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748562

1. Entity Name

THE ANGELUS, INC.

Principal Place of Business
12413 HUDSON AVENUE
HUDSON FL 34669

Mailing Address
12413 HUDSON AVENUE
HUDSON FL 34669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1971002

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

SHAVER, PAULINE L.
12413 HUDSON AVE.
HUDSON FL 34669

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME SEABORN, JERRY
STREET ADDRESS 5915 35TH AVE N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE TD ☐ Change ☐ Addition
NAME SHAVER, DAVID
STREET ADDRESS 12413 Hudson Avenue
CITY-ST-ZIP Hudson, FL 34669

TITLE VD ☐ Delete
NAME WILLIAMSON, ORVILLE
STREET ADDRESS 7352 ISLE DRIVE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☐ Change ☐ Addition
NAME Joseph Neri
STREET ADDRESS 12413 Hudson Avenue
CITY-ST-ZIP Hudson, Florida 34669

TITLE DC ☐ Delete
NAME BOOTH, STEPHEN C.
STREET ADDRESS 7510 RIDGE RD.
CITY-ST-ZIP PT. RICHEY FL 34668

TITLE D ☐ Change ☐ Addition
NAME CHITTUM, THOMAS
STREET ADDRESS 6704 Main Street
CITY-ST-ZIP New Port Richey, FL 34652

TITLE SD ☐ Delete
NAME LEVESQUE, LUCILLE
STREET ADDRESS 12413 HUDSON AVE
CITY-ST-ZIP HUDSON FL 34669

TITLE D ☐ Change ☐ Addition
NAME LEES, EDDIE
STREET ADDRESS 9530 Sunbeam Drive
CITY-ST-ZIP New Port Richey, FL 34652

TITLE PD ☐ Delete
NAME SHAVER, PAULINE L.
STREET ADDRESS 12413 HUDSON AVE.
CITY-ST-ZIP HUDSON FL 34669

TITLE D ☐ Change ☐ Addition
NAME PARKER, FRANK
STREET ADDRESS 5511 Drinkard Drive
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE D ☐ Delete
NAME STEWART, MICHAEL
STREET ADDRESS 7822 FRANCINE AVENUE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☐ Change ☐ Addition
NAME JERRY SEABORN
STREET ADDRESS 5915 35th Ave. No.
CITY-ST-ZIP St. Petersburg, FL 33704

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 617, 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:

Pauline Shaver SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/01

(727) 856-1775

Date

Daytime Phone #

0080511

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE