

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91429 026 ****61.25

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 **LEES, EDDIE**
STREET ADDRESS **9530 Sunbeam Drive**
CITY-ST-ZIP **New Port Richey, FL 34654**

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

TITLE **D** ☐ Change ☒ Addition
NAME **PARKER, FRANK**
STREET ADDRESS **5511 Drinkard Drive**
CITY-ST-ZIP **New Port Richey, FL 34654**

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

TITLE **D** ☐ Change ☒ Addition
NAME **NERI, JOSEPH**
STREET ADDRESS **12413 Hudson Avenue**
CITY-ST-ZIP **Hudson, FL 34669**

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

TITLE **D** ☐ Change ☒ Addition
NAME **WILLIAMS, GARLAN**
STREET ADDRESS **10105 Hudson Avenue**
CITY-ST-ZIP **Hudson, FL 34669**

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

TITLE **D** ☒ Change ☐ Addition
NAME **STEWART, MICHAEL**
STREET ADDRESS **3206 Mermaid Court**
CITY-ST-ZIP **New Port Richey, FL 34652**

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* **Pauline Shaver, President** **03/18/02** **(727)379-0469**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)