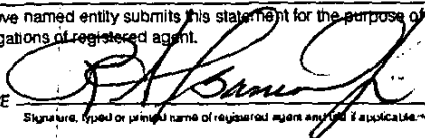
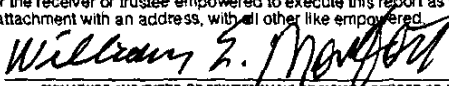


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90369 038 ****70.00

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727481					
1. Entity Name THE ANGELS UNAWARE, INC.					
Principal Place of Business 4918 W. LINEBAUGH AVE. P. O. BOX 270040 TAMPA, FL 33688-0040			Mailing Address 4918 W. LINEBAUGH AVE. P. O. BOX 270040 TAMPA, FL 33688-0040		
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 23-7346870			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		
O'BANION, ROSS H., JR. 4918 W. LINEBAUGH AVENUE TAMPA, FL 33624			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			Executive Director 4/28/03		
Signature, typed or printed name of registered agent and fee if applicable.			(NOTE: Registered Agent's signature required when registering.) 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 Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DIR	☒ Delete	TITLE	S	☒ Change ☐ Addition
NAME	GIBBS, MARIE		NAME	Joyce Hatfield	
STREET ADDRESS	12736 MARJORY AVE		STREET ADDRESS	12140 Pilot Country Drive	
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP	Spring Hill FL 34610	
TITLE	VP	☒ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	MILAK, WILLIAM		NAME	Dolan Buchanan	
STREET ADDRESS	7409 S. MASCOTTE STREET		STREET ADDRESS	206 W Powhatan Ave	
CITY-ST-ZIP	TAMPA, FL 33616		CITY-ST-ZIP	Tampa FL 33604	
TITLE	TD	☐ Delete	TITLE	D	☐ Change ☐ Addition
NAME	MONFORT, EDWARD		NAME	Ernie Todd	
STREET ADDRESS	4410 NORTH B. ST.		STREET ADDRESS	13712 Country Court Dr	
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP	Tampa FL 33625	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	BLAIR, ROBERT		NAME	Ernie Todd	
STREET ADDRESS	1924 TAYLOR LANE		STREET ADDRESS	13712 Country Court Dr	
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	Tampa FL 33625	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☐ Addition
NAME	TATUM, CONNIE		NAME	Ernie Todd	
STREET ADDRESS	3002 W PATTERSON		STREET ADDRESS	13712 Country Court Dr	
CITY-ST-ZIP	TAMPA, FL 33614		CITY-ST-ZIP	Tampa FL 33625	
TITLE	P	☐ Delete	TITLE	P	☐ Change ☐ Addition
NAME	ALBANO, ROBERT		NAME	Robert Albano	
STREET ADDRESS	602 S FREMONT AVENUE, #1408		STREET ADDRESS	209 S Gunlock	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa FL 33609	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 			Treasurer 4/28/03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

0000012



☐ CHECK HERE IF MAKING CHANGES

042E037 (10/02)