

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 368269

1. Entity Name

ANNA GRACE O'DELL CO., INC.

Principal Place of Business

Mailing Address

1001 SW 2ND AVE #4
BOCA RATON FL 33432

1001 SW 2ND AVE #4
BOCA RATON FL 33432-7168

2. Principal Place of Business

160 W. CAMINO REAL

3. Mailing Address

160 W. CAMINO REAL

Suite, Apt. #, etc.

#248

Suite, Apt. #, etc.

#248

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. FEI Number

59-1299718

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRANGIE, BARBARA A.
8200 ROSE MARE AVE W.
BOYNTON BCH. FL 33437

7. Name and Address of New Registered Agent

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

[Handwritten Signature]

4-24-00

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANGIE, BARBARA A.	
STREET ADDRESS	8200 ROSE MARE AVE W.	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRANGIE, JANET M.	
STREET ADDRESS	168 N. IVY	
CITY-ST-ZIP	MONROVIA CA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MICHELS, KENNETH M. JR	
STREET ADDRESS	CR 412B	
CITY-ST-ZIP	LAKE PANASOFFKKEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANGIE, TERI ANN	
STREET ADDRESS	221 JOOST AVENUE	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANGIE, BUD	
STREET ADDRESS	18929 MALINA	
CITY-ST-ZIP	DETROIT MI 48236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 5613958005

Date

Daytime Phone #