2001 UNIFORM BUSINESS REPORT (UBR) Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # 524822** 1. Entity Name ANGLE & SCHMID, INC. 04-02-2001 90099 013 ***150.00 Principal Place of Business Mailing Address P O BOX 40907 P O BOX 40907 ST PETERSBURG FL 33743-0907 ST PETERSBURG FL 33743-0907 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1712534 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANGLE, ROBERT P Street Address (P.O. Box Number is Not Acceptable) 2150-34TH WAY NO LARGO FL 33771 Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change XX Addition ☐ Delete TITLE TITLE ANGLE, ROBERT P. NAME Charles R. Schelah NAME STREET ADDRESS STREET ADDRESS 2150 34TH WAY, NO 2150 34th Way, North CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 00000 33771 Largo, FL 33771 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME SCHMID, GERARD R NAME STREET ADDRESS 2150 -34TH WAY N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33771 ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied ental 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 received for 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 attaching with an address, with all other like impowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Schmid, Vice President

727-530-1467 aytime Phone #

☐ Change

☐ Addition