

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90012 039 \*\*\*\*61.25

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**DOCUMENT # 748562**  
 1. Entity Name  
**THE ANGELUS, INC.**

Principal Place of Business <b>12413 HUDSON AVENUE HUDSON FL 34669</b>	Mailing Address <b>12413 HUDSON AVENUE HUDSON FL 34669</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1971002</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SHAVER, PAULINE L.  
 12413 HUDSON AVE.  
 HUDSON FL 34669**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SEABORN, JERRY</b>	
STREET ADDRESS	<b>5915 35TH AVE N.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMSON, ORVILLE</b>	
STREET ADDRESS	<b>7352 ISLE DRIVE</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>BOOTH, STEPHEN C.</b>	
STREET ADDRESS	<b>7510 RIDGE RD.</b>	
CITY-ST-ZIP	<b>PT. RICHEY FL 34668</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>LEVESQUE, LUCILLE</b>	
STREET ADDRESS	<b>12413 HUDSON AVE</b>	
CITY-ST-ZIP	<b>HUDSON FL 34669</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SHAVER, PAULINE L.</b>	
STREET ADDRESS	<b>12413 HUDSON AVE.</b>	
CITY-ST-ZIP	<b>HUDSON FL 34669</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEWART, MICHAEL</b>	
STREET ADDRESS	<b>7822 FRANCINE AVENUE</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAVER, DAVID</b>	
STREET ADDRESS	<b>12413 Hudson Avenue</b>	
CITY-ST-ZIP	<b>Hudson, FL 34669</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joseph Neri</b>	
STREET ADDRESS	<b>12413 Hudson Avenue</b>	
CITY-ST-ZIP	<b>Hudson, Florida 34669</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHITTUM. THOMAS</b>	
STREET ADDRESS	<b>6704 Main Street</b>	
CITY-ST-ZIP	<b>New Port Richey, FL 34652</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEES, EDDIE</b>	
STREET ADDRESS	<b>9530 Sunbeam Drive</b>	
CITY-ST-ZIP	<b>New Port Richey, FL 34652</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, FRANK</b>	
STREET ADDRESS	<b>5511 Drinkard Drive</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34653</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JERRY SEABORN</b>	
STREET ADDRESS	<b>5915 35th Ave. No.</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33704</b>	

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** **REQUIRED** **01/10/01** **(727) 856-1775**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)