

2002 UNIFORM BUSINESS REPORT (UBR)

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

0068828

DOCUMENT # 748562

1. Entity Name

THE ANGELUS, INC.

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

Principal Place of Business

Mailing Address

**12413 HUDSON AVENUE
 HUDSON FL 34669**

**12413 HUDSON AVENUE
 HUDSON FL 34669**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1971002

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shaver, David	
STREET ADDRESS	12413 Hudson Avenue	
CITY-ST-ZIP	Hudson, FL 34669	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEES, EDDIE	
STREET ADDRESS	9530 Sunbeam Drive	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, FRANK	
STREET ADDRESS	5511 Drinkard Drive	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NERI, JOSEPH	
STREET ADDRESS	12413 Hudson Avenue	
CITY-ST-ZIP	Hudson, FL 34669	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, GARLAN	
STREET ADDRESS	10105 Hudson Avenue	
CITY-ST-ZIP	Hudson, FL 34669	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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)