## 2003 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 748562**

Entity Name: THE ANGELUS, INC.

FILED May 12, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
12413 HUDSON AVENUE HUDSON, FL 34669						
Current Mailing Address:				New Mailing Address:		
12413 HUE HUDSON,	OSON AVENI FL 34669	UE				
FEI Number: 59-1971002 FEI Number Applied For (		FEI Number Applied For()	FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of	Current Registered Agent:	Nam	e and Address	of New Registered Agent:	
SHAVER, F 12413 HUE HUDSON,	DSON AVE. FL 34669	US	nurnose of char	naina its reaiste	red office or registered agent, or both,	
in the State		submits this statement for the	purpose of char	iging its register	ed office of registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent					Date	
OFFICERS AND DIRECTORS:			ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( SEABORN, JE 5915 35TH AV ST. PETERSE	/E N.	Title: Name Addre City-S	ss:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( WILLIAMSON 7352 ISLE DE PORT RICHE	RIVE	Title: Name Addre City-S	ss:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DC ( BOOTH, STER 7510 RIDGE I PT. RICHEY,	RD.	Title: Name Addre City-S	ss:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( LEVESQUE, L 12413 HUDSO HUDSON, FL		Title: Name Addre City-S	ss:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD ( SHAVER, PAU 12413 HUDSO HUDSON, FL		Title: Name Addre City-S	ss: 12413 HU	(X) Change ( ) Addition PAULINE DSON AVE. FL 34669	
Title: Name: Address: City-St-Zip:	D ( STEWART, M 7822 FRANCI PORT RICHE	NE AVENUE	Title: Name Addre City-S	ss: 12413 HU	(X) Change ( ) Addition DAVID DSON AVE FL 34669	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULINE SHAVER PD 05/12/2003

MICHAEL STEWART, DIRECTOR 3206 MEREMAID COURT NEW PORT RICHEY, FL 34652

GARLAN WILLIAMS, DIRECTOR 10105 HUDSON AVENUE HUDSON, FL 34669

EDDIE LEES, DIRECTOR 9530 SUNBEAM DRIVE NEW PORT RICHEY, FL 34653

THOMAS CHITTUM, DIRECTOR 6704 MAIN STREET NEW PORT RICHEY, FL 34652

JOSEPH NERI, DIRECTOR 12413 HUDSON AVENUE HUDSON, FLORIDA 34669

JOSEPH NERI