

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K36372

1. Entity Name  
CANCO ENTERPRISES, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90012 023 \*\*\*150.00

Principal Place of Business

~~2111 NE 13TH PLACE~~  
OCALA FL 34470  
US

Mailing Address

~~2111 NE 13TH PLACE~~  
OCALA FL 34470-7723  
US

2. Principal Place of Business

*1205 NE 21st Terr*  
Suite, Apt. #, etc.

3. Mailing Address

*1205 NE 21st Terr.*  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**59-2099370**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANGELOSI, JOSEPH  
~~5128 SE 37TH AVE.~~  
OCALA FL 34480

Name

Street Address (P.O. Box Number is Not Acceptable)

*2612 SE 22nd Ave*

City

*Ocala*

**FL**

Zip Code

*34471*

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CANGELOSI, JOSEPH	
STREET ADDRESS	<del>5075 NE 7TH PLACE</del>	
CITY-ST-ZIP	<del>OCALA FL 34470</del>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CANGELOSI, SHARON	
STREET ADDRESS	<del>5075 NE 7TH PLACE</del>	
CITY-ST-ZIP	<del>OCALA FL 34470</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>2612 SE 22nd Ave</i>	
CITY-ST-ZIP	<i>OCALA FL 34471</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>2612 SE 22nd Ave</i>	
CITY-ST-ZIP	<i>Ocala FL 34471</i>	
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:

*Sharon Cangelosi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-14-2000*  
Date

*(352) 867-7718*  
Daytime Phone #

*SHARON CANGELOSI, Secretary*

CR2E034 (9/99)