

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90072 048 ***150.00

DOCUMENT # K37407

1. Entity Name
DEANGELIS, INC.



Principal Place of Business
SUPREME MARBLE
1052 N BEACH ST
HOLLY HILL FL 32117
US

Mailing Address
SUPREME MARBLE
1052 N BEACH ST
HOLLY HILL FL 32117
US

2. Principal Place of Business

1838 S. Segrave ST
Suite, Apt. #, etc.

3. Mailing Address

1838 S. Segrave ST
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
S. Daytona, FL

Zip
32119

Country
USA

City & State
S. Daytona, FL

Zip
32119

Country
USA

4. FEI Number
59-2912931

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEANGELIS, MICHAEL J.
40 SHADOW CREEK WAY
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
DEANGELIS, MICHAEL J.
40 SHADOW CREEK WAY
ORMOND BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DEANGELIS, CAROL M.
40 SHADOW CREEK WAY
ORMOND BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 **386-760-3035**
Date Daytime Phone #

CR2E034 (10/02)

Attachement

90000003

Doc # K37407

SUPREME MARBLE HAS RELOCATED



TO:

**1838 S. SEGRAVE
S. DAYTONA, FL 32119**

NEW PHONE#

386-760-3035

NEW FAX#

386-760-9676