

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90109 050 ***150.00

00664

DOCUMENT # K69849

1. Entity Name
ANGELS BY CHOYCE, INC.

Principal Place of Business
4606 CLYDE MORRIS BLVD
SUITE 1K
PORT ORANGE FL 32119
US

Mailing Address
4606 CLYDE MORRIS BLVD
1K
PORT ORANGE FL 32119
US

B0043201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2400 So Ridgewood Ave

3. Mailing Address

Suite, Apt. #, etc. **#19**

Suite, Apt. #, etc.

City & State
So. Daytona FLA

City & State **SAME**

Zip
32119

Country
USA

Zip

Country

4. FEI Number **59-2950743**

Applied For
 Not Applicable

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

DUNN, ABRAHAM & SWAIN
347 SO RIDGEWOOD AVE
DAYTONA BEACH FL 32114

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

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, 2001 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 **PT** Delete
 NAME **SCHNEIDER, LOIS CHOYCE**
 STREET ADDRESS **443 OAKLAND PARK BLVD**
 CITY-ST-ZIP **PORT ORANGE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **113 Laughing Gull Ct**
 CITY-ST-ZIP **Daytona Beach, FL 32119**

TITLE **VP** Delete
 NAME **CHOYCE, NORMAN M**
 STREET ADDRESS **5428 HIBISCUS AVE**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

(386) 756-3959

Date

Daytime Phone #

CR2E034 (10/00)