

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90131 028 ***150.00

DOCUMENT # L13233

1. Entity Name
IMMANUEL INVESTMENTS, INC.

Principal Place of Business
99336 OVERSEAS HWY
KEY LARGO FL 33037

Mailing Address
99336 OVERSEAS HWY
KEY LARGO FL 33037

DUUD1000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0144937		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CASTILLO, ANGELA				Name Angela Wittke			
99336 OVERSEAS HWY				Street Address (P.O. Box Number is Not Acceptable)			
KEY LARGO FL 33037				998 Shaw Dr			
				City Key Largo FL		Zip Code 33037	

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: *x Angela R. Wittke* **Angela R. Wittke** **4/8/02**

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTILLO, ANGELA			NAME			
STREET ADDRESS	99336 OVERSEAS HWY			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL			CITY-ST-ZIP			
TITLE	PTS	<input type="checkbox"/> Delete		TITLE	PVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WITKE, ANGELA			NAME	WITKE, Angela		
STREET ADDRESS	99336 OVERSEAS HWY			STREET ADDRESS	998 Shaw Dr		
CITY-ST-ZIP	KEY LARGO FL			CITY-ST-ZIP	Key Largo FL 33037		
TITLE	Sec/Treasurer	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Wittke, Paula			NAME			
STREET ADDRESS	99336 Overseas Hwy			STREET ADDRESS			
CITY-ST-ZIP	Key Largo FL 33037			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *x Angela R. Wittke* **Angela R. Wittke** **4/8/02** **3054573722**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/01)