

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M20738

1. Entity Name

ANGEL'S DECORATOR SERVICE, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90087 034 ***150.00

Principal Place of Business

33 GROVE WAY
DELRAY BEACH FL 3344
US

Mailing Address

33 GROVE WAY
DELRAY BEACH FL 33444-2969
US

2. Principal Place of Business

517 SE 27th Ter #50B
Suite, Apt. #, etc.

3. Mailing Address

517 SE 27th Ter #50B
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOYNTON, FLORIDA

City & State

BOYNTON, FLORIDA

4. FEI Number

59-2596024

Applied For

Not Applicable

Zip

Country

33435 - Palm Bch

Zip

Country

33435 - Palm Bch

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

ANGEL, ROBIN
33 GROVE WAY
DELRAY BEACH FL 33444

Name

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

517 SE 27th Ter.
#50B

City

BOYNTON Bch

FL

Zip Code

33435

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	PV	<input type="checkbox"/> Delete
NAME	ANGEL, ROBIN	
STREET ADDRESS	33 GROVE WAY	
CITY-ST-ZIP	DELRAY BCH FL 33444	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANGEL, LINDA	
STREET ADDRESS	33 GROVE WAY	
CITY-ST-ZIP	DELRAY BCH FL 33444	
TITLE	C	<input type="checkbox"/> Delete
NAME	WRIGHT, HARLEY D	
STREET ADDRESS	311 GULFSTREAM DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	
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	517 SE 27 th Ter #50B	
CITY-ST-ZIP	BOYNTON Bch, FL 33435	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	517 SE 27 th Ter. #50B	
CITY-ST-ZIP	BOYNTON Bch, FL 33435	
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:

Linda Angel LINDA Angel

4/18/00

(561) 736-1107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)