

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90093 011 ***150.00

UBR1283 A1

DOCUMENT # M20738

1. Entity Name

ANGEL'S DECORATOR SERVICE, INC.

Principal Place of Business

517 SE 27TH TERRACE
#508
BOYNTON FL 33435
US

Mailing Address

517 SE 27TH TERRACE
#508
BOYNTON FL 33435
US

2. Principal Place of Business

3. Mailing Address

675 FERN TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Waynesville, NC

Zip

Country

28786

Country

US

4. FEI Number

59-2596024

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

ANGEL, ROBIN
517 SE 27TH TERRACE
#508
BOYNTON FL 33435

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, 2002 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** ☐ Delete
 NAME **ANGEL, ROBIN**
 STREET ADDRESS **517 SE 27TH TERRACE #508**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

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

TITLE **S** ☐ Delete
 NAME **ANGEL, LINDA**
 STREET ADDRESS **517 SE 27TH TERRACE #508**
 CITY-ST-ZIP **BOYNTON BEACH FL 33435**

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

TITLE **C** ☐ Delete
 NAME **WRIGHT, HARLEY D**
 STREET ADDRESS **311 GULFSTREAM DRIVE**
 CITY-ST-ZIP **DELRAY BEACH FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

Date

Daytime Phone #

Linda Angel **LINDA ANGEL** **4-18-02** **828-454-5573**

CP2E034 (9/01)