

**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

DON S ANGELO, DO PA

FILED

02 JUN 20 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5149 N. 9TH AVENUE

3. Mailing Address

5149 N. 9TH AVENUE

Suite, Apt. #, etc.

#115 G-39

Suite, Apt. #, etc.

#115 G-39

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

59-2896979

Applied For

Not Applicable

Zip

32504

Country

Zip

32504

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DON S. ANGELO, DO

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

5149 N. 9TH AVENUE

SUITE #115 G-39

City

PENSACOLA

FL

Zip Code

32504

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 DON S. ANGELO, DIRECTOR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

5/10/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE DIRECTOR
NAME DON S. ANGELO DO
STREET ADDRESS 5149 N. 9TH AVENUE STE #115
CITY-ST-ZIP PENSACOLA, FL 32504 G-39

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400006074124--2
-06/27/02--01078--002
****915.00 ****915.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/02
4/30/2002

(850) 477-2727

CR2E034B (12/01)

2 of 2



Don S. Angelo, D.O.

DSA/lq

DON S. ANGELO, D.O., P.A.

GENERAL PRACTICE
PREVENTIVE MEDICINE

5149 N. NINTH AVENUE, SUITE 115
PENSACOLA, FLORIDA 32504

TELEPHONE: (904) 477-2727

June 18, 2002

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Subject - Don Angelo, D.O. P.A. - Reinstatement Reference Number M 88374.

Please be advised that I was unaware my corporation was in a delinquent status. I assumed my Accountant was handing this matter, apparently not.

I have not received any notices of delinquency or the uniform business report for some time.

I request a waiver of the reinstatement fee and have attached a check for \$915.00, to bring my account up to date. I appreciate your consideration in this matter.

Sincerely,

D.S. Angelo, D.O.

DSA/lq