

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001205

1. Entity Name

~~ANGELS OF THE CARIBBEAN, INCORPORATED~~

ANGEL Flights Network INC.

Principal Place of Business

6834 ROSEMARY DR
TAMPA FL 33625

Mailing Address

6834 ROSEMARY DR
TAMPA FL 33625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 3646566

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

Name

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

City

FL

Zip Code

BOUCHARD, JANN
6834 ROSEMARY DR
TAMPA FL 33625

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Ray Bouchard Pres/Dir
6834 Rosemary Dr
Tampa FL 33625

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Vice President Dir
Zane Zieg
18432 TAMPA DR
Tampa FL 33625

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Vice President Dir
Randy Bismiel
20946 Avenida Pym
Boca Raton FL 33438

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

4-7-01

BB 741 2328

FILED
May 21, 2001 8:00 am
Secretary of State

04-17-2001 90107 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)