

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90289 023 *****61.25

DOCUMENT # NO1000004746

1. Entity Name

ANGELPAX, INC.



Principal Place of Business

**1890 SW 70TH AVE
PLANTATION FL 33317**

Mailing Address

**1890 SW 70TH AVE
PLANTATION FL 33317**

2. Principal Place of Business

3. Mailing Address

161 NW 127th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Plantation FL

Zip

Country

Zip

Country

33325

USA

4. FEI Number **16-1619082**

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

**ENNIS, JAY P
1890 SW 70TH AVE
PLANTATION FL 33317**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/7/03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ENNIS, JAY P**
STREET ADDRESS **1890 SW 70TH AVE**
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **D** ☐ Change ☒ Addition
NAME **McDonald, Jerry**
STREET ADDRESS **161 NW 127th Ave**
CITY-ST-ZIP **Plantation, FL 33325**

TITLE **D** ☐ Delete
NAME **EHREISER, SEBASTIAN H**
STREET ADDRESS **416 N FIG TREE LANE**
CITY-ST-ZIP **PLANTATION FL 33317**

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

TITLE **D** ☐ Delete
NAME **MAWHINNEY, MATTHEW S**
STREET ADDRESS **1341 NW 96TH AVE**
CITY-ST-ZIP **PLANTATION FL 33317**

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

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 REQUIRED

8/7/03 (954) 817-1203

CR2E037 (4/03)