

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90259 040 ****61.25

DOCUMENT # N01000006404

1. Entity Name

OUR ANGELS LANDING INC.

Principal Place of Business

Mailing Address

**299 HERITAGE ST
 PALM BAY FL 32908**

**PO. BOX 110212
 PALM BAY FL 32911**

2. Principal Place of Business

3. Mailing Address

299 Heritage st.

PO. Box 110212

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **Palm Bay FL.**

City & State **Palm Bay FL**

Zip **32908** Country **U.S.A**

Zip **32911** Country **U.S.A**

4. FEI Number **59-3747145**

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

**HART, ANGIE M
 299 HERITAGE ST.
 PALM BAY FL 32908**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Angie Hart P/D
STREET ADDRESS	299 Heritage St.
CITY-ST-ZIP	Palm Bay FL 32908
TITLE	Vice President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Erin Barnes V/D/T
STREET ADDRESS	204 Famfare
CITY-ST-ZIP	Palm Bay FL 32907
TITLE	Secretary / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosemary McDougal S/D
STREET ADDRESS	770 Gillen ave.
CITY-ST-ZIP	Palm Bay FL 32907
TITLE	2nd Vice President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet Brown V/D
STREET ADDRESS	5943s. 2200w
CITY-ST-ZIP	Roy Ut 84067
TITLE	2nd Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Hart S/D
STREET ADDRESS	299 Heritage St.
CITY-ST-ZIP	Palm Bay FL 32908
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Angie Hart
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321 728-2232

CR2E037(9/01)