2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2003
Secretary of State

DOCUMENT# N02000002055

Entity Name: ANGELS AMOUNG US, INC.

Current Principal Place of Business:

3924 GLENOAK DR N
LAKELAND, FL 338102412

New Principal Place of Business:

Current Mailing Address:

3924 GLENOAK DR N
LAKELAND, FL 338102412

New Mailing Address:

FEI Number: 43-1953792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BROOME, MARGARET L	
Address:	3924 GLENOAK DR N	
City-St-Zip:	LAKELAND, FL 338102412	
Title:	DP	( ) Delete
Name:	BROOME, JAMES F	
Address:	3924 GLENOAK DR N	
City-St-Zip:	LAKELAND, FL 338102412	
Title:	D	( ) Delete
Name:	CLAWGES, TIMOTHY J	
Address:	3904 GLENOAK DR N	
City-St-Zip:	LAKELAND, FL 338102412	
Title:	D	( ) Delete
Name:	CLAWGES, BRENADA K	
Address:	3904 GLENOAK DR N	
City-St-Zip:	LAKELAND, FL 338102412	
Title:	D	( ) Delete
Name:	CHAPMAN, KENNETH	
Address:	3905 GLENOAK DR N	
City-St-Zip:	LAKELAND, FL 338102412	
Title:	D	( ) Delete
Name:	CHAPMAN, DENINA	
Address:	3905 GLENOAK DR N	
City-St-Zip:	LAKELAND, FL 338102412	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MCGUIRE, PATRICIA	
Address:	6 HEATHER ST	
City-St-Zip:	LAKELAND, FL 33815	
Title:	D	(X) Change ( ) Addition
Name:	BURKHAMER, EDWARD L	
Address:	3924 GLENOAK DR N	
City-St-Zip:	LAKELAND, FL 338102412	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET L BROOME VP 09/04/2003

Electronic Signature of Signing Officer or Director — Date