

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

DOCUMENT # N02000006001

1. Entity Name

HOME OF ANGELS, INC.

FILED

03 OCT -7 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1614 CARNEGIE CIRCLE

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33619

Country

U.S.A

3. Mailing Address

400 E. MLK BLVD

Suite, Apt. #, etc.

SUITE 108

City & State

TAMPA, FLORIDA

Zip

33603

Country

U.S.A

4. FEI Number

05-0550234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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
PRESIDENT
ERNESTO BECKFORD
1614 CARNEGIE CIRCLE
TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
JESSE L. DAVENPORT
4309 NASSAU ST.
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
BRENDA GANT
1712 E. CAYUGA
TAMPA, FL 33610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
MARVA EVANS
1614 CARNEGIE CIRCLE
TAMPA, FL 33619

TITLE
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IN THIS SPACE**

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

SIGNATURE:

Ernesto Beckford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-2-03

CR2E037B (12/01)

FOSTER S. LOVETT

Certified Public Accountant

400 East MLK Blvd. Suite #108

Tampa, Florida 33603

(813) 234-3360 Fax (813)234-4437

October 2, 2003

Ms. Anna Chesnut
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Ms. Chesnut,

I hereby provide a statement that, to the best of my knowledge, the documentation in question was lost, misplaced, or never received by me.

In an effort to continue operating as Home of Angels, Inc., we are providing a new application with a check attached requesting that our company continue in its current operation.

Our operating principle location will remain the same. However, as you will notice on our application any future documentation will be mailed to a new mailing address, so that this situation will not occur again.

Sincerely,

A handwritten signature in black ink, appearing to read "Foster S. Lovett", written over a horizontal line.A large, stylized handwritten flourish or signature in black ink, consisting of several loops and a long horizontal stroke.