

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *11930000001713*

1. Entity Name

TUESDAYS ANGELS, INC

FILED
Aug 14, 2000 8:00 am
Secretary of State

08-14-2000 90001 026 ****61.25

Principal Place of Business

Mailing Address

*2545 E. SUNRISE BLVD
FT. LAUDERDALE, FL 33304*

*2545 E. SUNRISE
PMB 139
FT. LAUDERDALE
FL 33304*

00078698

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

65-0409104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

CHARLES NICHOLLS

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

2894 NE 27th STREET

City

FT. LAUDERDALE

FL

Zip Code

33306

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>V</i> <i>REYTON HOPKINS</i> <i>2200 NE 37 STREET</i> <i>FT. LAUDERDALE, FL 33304</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T</i> <i>CHARLES NICHOLLS</i> <i>2894 NE 27 STREET</i> <i>FT. LAUDERDALE, FL 33304</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>LARRY WARDZALA</i> <i>4621 W. OCEAN DR.</i> <i>LAUDERDALE-BY-THE-SEA, FL 33304</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>JERRY DANNERBRINK</i> <i>30911 DIXIE HWY.</i> <i>FT. LAUDERDALE, FL 33334</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

Charles A. Nicholls

8/10/2000