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

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91342 001 ****61.25

DOCUMENT # *N 96 D00000827*

(NOW)

1. Entity Name

ANGEL HEART, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4186 Mayfair Lane
Suite, Apt. #, etc.

3. Mailing Address
4186 Mayfair Lane
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Port Orange, FL*
Zip *32129* Country *USA*

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Zip *32129* Country *USA*

4. FEI Number — Applied For / ☑ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name *RONALD D. THAMES*

Street Address (P.O. Box Number is Not Acceptable)
4186 Mayfair Lane

City *PORT ORANGE* **FL** Zip Code *32129*

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 *(Ronald D. Thames)* *RONALD D. THAMES, PRESIDENT 5-10-02*
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	*PRESIDENT / DIRECTOR*	TITLE	
NAME	*RONALD D. THAMES*	NAME	
STREET ADDRESS	*4186 Mayfair Lane*	STREET ADDRESS	
CITY-ST-ZIP	*Port Orange, FL 32129*	CITY-ST-ZIP	
TITLE	*VICE-PRESIDENT / DIRECTOR*	TITLE	
NAME	*BUFORD E. THAMES*	NAME	
STREET ADDRESS	*1321 Tenth St*	STREET ADDRESS	
CITY-ST-ZIP	*Holly Hill FL 32117*	CITY-ST-ZIP	
TITLE	*SECRETARY / DIRECTOR*	TITLE	
NAME	*DREMA L. THAMES*	NAME	
STREET ADDRESS	*4186 Mayfair Lane*	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	*Port Orange, FL 32129*	CITY-ST-ZIP	**IN THIS SPACE**
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	*TREASURER / DIRECTOR*	TITLE	
NAME	*FRANCES C. THAMES*	NAME	
STREET ADDRESS	*1321 Tenth St*	STREET ADDRESS	
CITY-ST-ZIP	*Holly Hill, FL 32117*	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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.

(386) 760-6361

SIGNATURE: *(Ronald D. Thames)* *RONALD D. THAMES, PRESIDENT 5-10-02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #