

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90100 027 ****61.25

DOCUMENT # N98000002537

1. Entity Name

ARC ANGELS OF FLAGLER, INC.

Principal Place of Business

**109 N. CENTRAL AVENUE
 FLAGLER BEACH FL 32136**

Mailing Address

**P.O. BOX 2156
 FLAGLER BEACH FL 32136**

2. Principal Place of Business

1202 E. Moody Blvd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bunnell FL

City & State

Zip

32110

Country

USA

Zip

Country

4. FEI Number

59-3509395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, KATHRYN A
 109 N. CENTRAL AVENUE
 FLAGLER BEACH FL 32136**

7. Name and Address of New Registered Agent

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

Kathryn A Lopez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/02

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

TITLE **PD** ☐ Delete
 NAME **ARNOLD, LEVINE**
 STREET ADDRESS **14 CLEMENTON LANE**
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE **VPD** ☐ Delete
 NAME **PACE, VINCENT**
 STREET ADDRESS **13 AUDUBON COURT**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **STD** ☐ Delete
 NAME **CLARLTON, VERA**
 STREET ADDRESS **150 WELLINGTON DRIVE**
 CITY-ST-ZIP **PALM COAST FL 32164**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Arnold Levine **Arnold Levine** **1/24/02 446-1906**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)