

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 99000004764

1. Entity Name

Angel Helpers Inc.

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 AM 10:46

00086830

Principal Place of Business

4512 Bimini Dr.

Bradenton, FL 34210

Mailing Address

5726 Cortez Rd.

PMB#285

Bradenton FL  
34210

2. Principal Place of Business

4512 Bimini Dr.

Suite, Apt. #, etc.

N/A

3. Mailing Address

5726 Cortez Rd. W.

Suite, Apt. #, etc.

PMB#285

City &amp; State

Bradenton Florida

City &amp; State

Bradenton FL

Zip

34210

Country

mmmm

Zip

34210

Country

mmmm

4. FEI Number

☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Joyce A. Kane  
4512 Bimini Drive  
Bradenton - FL 34210

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

Joyce A. Kane

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-13-00

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE D

NAME

STREET ADDRESS

CITY - ST - ZIP

President  
Joyce A. Kane  
4512 Bimini Drive  
Bradenton FL 34210☒ Delete

TITLE T

NAME

STREET ADDRESS

CITY - ST - ZIP

Stephen P. Kane  
1406 Sen. Ma. Jo Lane  
Lutz FL 33549☒ Delete

TITLE P

NAME

STREET ADDRESS

CITY - ST - ZIP

Melony Franco  
4512 Bimini Drive  
Bradenton FL 34210☒ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

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CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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:

Joyce A. Kane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00

Date

Daytime Phone #

(941) 329-6446