

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000007268

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: ANGELIC ANIMALS ENTERPRISES INC.

## Current Principal Place of Business:

2874 15 AVE NORTH  
ST PETERSBURG, FL 33713

## New Principal Place of Business:

2874 15 AVE NORTH  
ST PETERSBURG, FL 33713 US

## Current Mailing Address:

P.O. BOX 10124  
SAINT PETERSBURG, FL 33733

## New Mailing Address:

P.O. BOX 10124  
SAINT PETERSBURG, FL 33733 US

FEI Number: 59-3658370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS, CARLA  
2874 15 AVE NORTH  
ST PETERSBURG, FL 33713

## Name and Address of New Registered Agent:

THOMAS, CARLA A  
2874 15 AVE NORTH  
ST PETERSBURG, FL 33713 US

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: CARLA ANN THOMAS

04/30/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DT ( ) Delete  
Name: THOMAS, CARLA  
Address: 2874 15TH AVE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: DP ( ) Delete  
Name: THOMAS, MARK  
Address: 2874 15TH AVE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: DV ( ) Delete  
Name: PARRAVANI, JOHN JR  
Address: 2424 55TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: DS ( ) Delete  
Name: PARRAVANI, CHRISTEENA  
Address: 2424 55TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLA ANN THOMAS

DT

04/30/2002

Electronic Signature of Signing Officer or Director

Date