

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91520 031 ***150.00

DOCUMENT # P00000032607

1. Entity Name

Bonnie's Angels, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3853 13th Street

Suite, Apt. #, etc.

3. Mailing Address

3853 13th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Micco, FL.

City & State

Micco, FL.

4. FEI Number

59-3635901

Applied For

Not Applicable

Zip

32796

Country

U.S.A.

Zip

32796

Country

U.S.A.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Bonnie J. McCauley

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

3853 13th Street

City

Micco

FL

Zip Code

32796

**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

Bonnie J. McCauley President
Bonnie J. McCauley

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

(NOTE: Registered Agent signature required when remitting)

4-19-2002

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

P/D

Bonnie J. McCauley

3853 13th Street, Micco, FL. 32796

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

VP/D

William F. McCauley

3835 13th Street, Micco, FL. 32796

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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IN THIS SPACE**

13. 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 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bonnie J. McCauley President
Bonnie J. McCauley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)