

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90222 012 ***150.00

DOCUMENT # P00000032607

1. Entity Name

BONNIE'S ANGELS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

881 FOSTER AVENUE

Suite, Apt. #, etc.

3. Mailing Address

881 FOSTER AVENUE

Suite, Apt. #, etc.

City & State
SEBASTIAN, FL.

City & State
SEBASTIAN, FL.

Zip
32958

Country
U.S.A.

Zip
32958

Country
U.S.A.

4. FEI Number
59-3635901

Applied For
Not Applicable

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)

881 FOSTER AVENUE

City **SEBASTIAN**

FL

Zip Code
32958

**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. I am familiar with, and accept the obligations of registered agent.

BONNIE J. MCCAULEY

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

Make Check Payable to Florida Department of State

Bonnie McCauley 2-12-2003

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
MCCAULEY, BONNIE J.
881 FOSTER AVE., SEBASTIAN, FL. 32958**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/D
MCCAULEY, WILLIAM F.
881 FOSTER AVE., SEBASTIAN, FL. 32958**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP
*President
Bonnie McCauley 872 589 5132
881 FOSTER AVE
Sebastian FL 32958*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bonnie McCauley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-2003

Date

772-589-5132

Daytime Phone #

CR2E034B (12/02)