

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90006 050 ***150.00

DOCUMENT # P00000041632

1. Entity Name

CANGLEY, INC.

Principal Place of Business

3150 STARBOARD DRIVE
 LANTANA FL 33482

Mailing Address

3150 STARBOARD DRIVE
 LANTANA FL 33482

80073730



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4. Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-101-7619

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANGLEY, EDWARD
 3150 STARBOARD DRIVE
 LANTANA FL 33482

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CANGLEY, EDWARD J	
STREET ADDRESS	3150 STARBOARD DRIVE	
CITY-ST-ZIP	LANTANA FL 33482	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANGLEY, MARGARET A	
STREET ADDRESS	3150 STARBOARD DRIVE	
CITY-ST-ZIP	LANTANA FL 33482	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

Margaret A. Cangley

MARGARET A. CANGLEY

4/24/01

561-433-9663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)

656782 DOC#FP00000041632 A0073730

Ft. Dept of State
Div of Corp.
U.B.R.

As per my phone call to
U.B.R. rep. I am overnighting this report
and check and asking you to forgo any
late fee. This is my first time filing
this form & I was under impression
that it was due May 15th, but that was
the date to forward my monthly taxes.
Please forgive this error as all of
this is so very new to me & will not
happen again.

Sincerely
Mary Ann Langley