

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108051

1. Entity Name

ANGEL FOODS OF SOUTHWEST FLORIDA INC.

Principal Place of Business

2626-3 E TAMiami TR  
NAPLES FL 34112

Mailing Address

2626-3 E TAMiami TR  
NAPLES FL 34112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CANDITO, JOSEPH P JR  
2626-3 E TAMiami TR  
NAPLES FL 34112

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

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, 2002 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

TITLE D ☐ Delete  
NAME CANDITO, JOSEPH P JR  
STREET ADDRESS 2000 SANDPIPER ST  
CITY-ST-ZIP NAPLES FL 34102

TITLE D ☒ Delete  
NAME ANGELOSANTE, MICHAEL  
STREET ADDRESS 10 LUCETTE AVE  
CITY-ST-ZIP OLD ORCHARD BCH ME 04064

TITLE D ☐ Delete  
NAME SHEEHAN, WILLIAM  
STREET ADDRESS 488 VERANDA WAY  
CITY-ST-ZIP NAPLES FL 34112

TITLE D ☐ Delete  
NAME MERRILL, GLEN L  
STREET ADDRESS 488 VERANDA WAY  
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 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 like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91128 037 \*\*\*150.00

35446



DO NOT WRITE IN THIS SPACE

65-107-6579

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (9/01)