

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90023 018 ***150.00

DOCUMENT # P01000001043

1. Entity Name

Angel & Associates Enterprise of Tampa, Inc.

DO NOT WRITE IN THIS SPACE

30011831

2. Principal Place of Business
P.O. Box 271688

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL

City & State

4. FEI Number
59-3680339

Applied For
Not Applicable

Zip
33688

Country
Hillsborough

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Tewksbury, Sawsan

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

12718 Dunhill Dr.

City Tampa

FL

Zip Code
33688

**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

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) ☐

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

President
Sawsan Tewksbury
12718 Dunhill Dr. Tampa, FL 33624

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sawsan Tewksbury

12/23/02

(813) 962-1580

Date

Daytime Phone #

CR2E034B (12/01)



Attachment

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

January 6, 2003

ANGEL & ASSOCIATES ENTERPRISE OF TAMPA, INC.
P.O. BOX 271688
TAMPA, FL 33688

SUBJECT: ANGEL & ASSOCIATES ENTERPRISE OF TAMPA, INC.
Ref. Number: P01000001043

30011881

We have received your document for ANGEL & ASSOCIATES ENTERPRISE OF TAMPA, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Please list the title(s) of each officer in your document.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 203A00000536