

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

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

09-16-2002 90159 004 \*\*\*550.00

DOCUMENT # P01000006210

1. Entity Name

GLOBAL ANGEL INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1110 SOUTH MOODY AVE

Suite, Apt. #, etc.

3. Mailing Address

1110 SOUTH MOODY AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

59-3690125

Applied For

Not Applicable

Zip

33629

Country

USA

Zip

33629

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

JONATHAN HILLBERRY

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

1110 SOUTH MOODY AVENUE

City TAMPA

**FL**

Zip Code 33629

**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 JONATHAN HILLBERRY

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

(NOT Registered Agent signature required when reinstating)

5/31/02

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 JONATHAN HILLBERRY  
STREET ADDRESS 1110 SOUTH MOODY AVE  
CITY - ST - ZIP TAMPA FL 33629 D

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**DO NOT WRITE  
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 reports 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 filers, wherever.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/02

DATE

8132881242

Daytime Phone #

CR2E034B (12/01)