FILED
Jun 02, 2003 8:00 am
Secretary of State
05-02-2003 90739 024 ****50.00
06-02-2003 90192 006 ***100.00

[redacted]

UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P01000006210

1. Entity Name
GLOBAL ANGEL INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
41 S. FREMONT AVE		41 S. FREMONT AVE	
Suite, Apt. #, etc. #2		Suite, Apt. #, etc. #2	
City & State TAMPA FLA		City & State TAMPA FLA	
Zip 33606	Country USA	Zip 33606	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-369-0125 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name JONATHAN HILLBERY
Street Address (P.O. Box Number is Not Acceptable)
41 S. FREMONT AVE #2
City TAMPA FL Zip Code 33606

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.

SIGNATURE [signature] 4-28-03
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JONATHAN HILLBERY 41 S. FREMONT AVE #2 TAMPA FLA 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4-28-03 7277762506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #