

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000033231

1. Entity Name
ANGEL'S OXI PLUS, INC.

Principal Place of Business
1202 STE A SACRAMENTO ST
DELTONA FL 32725

Mailing Address
PO BOX 574646
ORLANDO FL 32857

2. Principal Place of Business

1202 ST A SACRAMENTO ST

3. Mailing Address

P.O. Box 574646

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELTONA FL

City & State

ORLANDO FL

Zip

32725

Country

Volusia

Zip

32857

Country

Orange

4. FEI Number

660546144

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALDANA, LUIS A
2924 RIVERS END RD
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name
Same

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

Luis A. Saldana

1-13-02

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)

X

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SALDANA, LUIS A
2924 RIVERS END RD
ORLANDO FL 32817

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 like empowered.

SIGNATURE:

Luis A. Saldana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-02

Date

407-482-0285

Daytime Phone #

0562126 AT

CR2E034 (9/01)

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90027 043 ***158.75



DO NOT WRITE IN THIS SPACE