

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90038 023 ***150.00

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

DOCUMENT # **PO 1000039736**

1. Entity Name

MY GOLF ANGELS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

924 S.W. 9th ST Circle

Suite, Apt. #, etc.

205

City & State

BOCA RATON, Florida

Zip

33486

Country

U.S.

3. Mailing Address

924 S.W. 9th ST. Circle

Suite, Apt. #, etc.

205

City & State

BOCA RATON, FL.

Zip

33486

Country

U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1099436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Sandra A. Underwood**

Street Address (P.O. Box Number is Not Acceptable)
924 S.W. 9th ST. Circle

#205

City **BOCA RATON**

FL

33486

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

Sandra A. Underwood
Signature, typed or printed name of registered agent and title, if applicable.

Sandra A. Underwood 4/29/02
(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 **PT & S**
NAME **SANDRA A. UNDERWOOD**
STREET ADDRESS **924 SW 9th ST Circle #205**
CITY - ST - ZIP **BOCA RATON, FL. 33486**

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**DO NOT WRITE
IN THIS SPACE**

TITLE
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)(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: *Sandra A. Underwood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/29/02 561-212-

Date

Daytime Phone -

8388

CR2E034B (12/01)