

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90075 012 ***150.00

DOCUMENT # P01000060967

1. Entity Name
ANGEL MANAGEMENT INTERNATIONAL, INC.

Principal Place of Business

~~2650 NE 52ND ST~~
~~LIGHTHOUSE POINT FL 33064-7052~~

Mailing Address

~~2650 NE 52ND ST~~
~~LIGHTHOUSE POINT FL 33064-7052~~



2. Principal Place of Business

Suite, Apt. #, etc.

Suite #108
2041 Airport Rd S.

City & State

Naples FL

Zip

34112

Country

Collier

3. Mailing Address

Suite, Apt. #, etc.

Angel Management Int
PO 50441

City & State

FT MYERS FL

Zip

33994

Country

LEE

DO NOT WRITE IN THIS SPACE

4. FEI Number

05111820

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~WILLIAMS STEPHEN G~~
~~2050 NE 52ND ST~~
~~LIGHTHOUSE POINT FL 33064-7052~~
MIKE CARR
2641 AIRPORT ROAD SOUTH
Suite A-108
NAPLES, FLORIDA
34112

7. Name and Address of New Registered Agent

Name

MIKE CARR
 Street Address (P.O. Box Number is Not Acceptable)
2041 Airport Rd South
Suite A-108
 City **Naples** **FL** Zip Code **34112**

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

Mike Carr **MIKE CARR**

April 19, 2002

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) ☐

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	<input type="checkbox"/> Delete
NAME	DPTS
STREET ADDRESS	CONWAY, PAUL M
CITY-ST-ZIP	P.O. BOX 50441
	FT MYERS FL 33995-33994
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul M Conway
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)