

# 2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # **P 01000064067**

1. Entity Name  
**NIEWOW ANGELS, INC.**

03-18-2004 90042 006 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**11102 NORTH STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 1102**  
Suite, Apt. #, etc.

**94032190**

DO NOT WRITE IN THIS SPACE

City & State  
**GIBSONTON, FLA.**  
Zip  
**33534**  
Country  
**USA**

City & State  
**SEBRING, FLA.**  
Zip  
**33870**  
Country  
**USA**

4. FEI Number  
**65-1119457**  
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  
**LYBARGER, BRUCE**  
Street Address (P.O. Box Number is Not Acceptable)  
**300 N. CIRCLE**  
City  
**SEBRING** FL Zip Code  
**33870-3305**

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 \_\_\_\_\_ (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 ☐ **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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PVST<br/>NIEWOW, ARTHUR S.<br/>11102 NORTH STREET<br/>GIBSONTON, FLA. 33534</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**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 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, until otherwise empowered.

SIGNATURE: **Arthur S. Niewow**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/04 813-677-5592**