## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000082473

526 N RIVERSIDE DR

NEW SMYRNA BCH, FL 32168

Address:

City-St-Zip:

Entity Name: ANGEL INN, INC.

FILED Feb 14, 2002 8:00 AM Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
	'ERSIDE DR 'RNA BCH, FI	L 32168			
Current Mailing Address:			New Mailing Address	:	
	'ERSIDE DR 'RNA BCH, FI	L 32168			
FEI Number	: 59-3739162	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
526 N RIV NEW SMY	PATRICIA ERSIDE DR (RNA BCH, FI			affine an arrichant arrow or heath	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	gent	Date	
•		to satisfy its Intangible Tax filing re ng Trust Fund Contribution ( ).	quirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GRAU, M. PAT 526 N RIVERS		Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D (	) Delete	Title: (	( ) Change ( ) Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C GRAU JR D 02/14/2002