

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-06-2003 90058 017 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

8/6/

DOCUMENT # P02000018133

1. Entity Name
 ANGEL'S BAKERY & ICE CREAM SHOP, INC.



Principal Place of Business
 145 UNIVERSITY BLVD N
 JACKSONVILLE FL 32211

Mailing Address
 2145 UNIVERSITY BLVD N
 JACKSONVILLE FL 32211

55054801

L. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0911071

Applied For
 Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BARLEY, DAVID SR

145 UNIVERSITY BLVD N
 JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name David P. Barley, Sr. CPA
 Street Address (P.O. Box Number is Not Acceptable)
 4871 BARLEY RD. SUITE 201

CITY JACKSONVILLE

FL

Zip Code 32256

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David P. Barley, Sr. CPA
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

DATE

8/6/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres/President/Sec
 NAME EUGENE COWAN
 STREET ADDRESS 2145 UNIVERSITY BLVD N.
 CITY-ST-ZIP JACKSONVILLE, FL 32211

☐ Delete

TITLE
 NAME
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of David P. Barley, Sr. CPA
 SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-03 904744782700
 Date Signature Print #

CS2E034 (4/03)



Attachment

55054801
#P020000618133

GUNN & COMPANY, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

MARSHALL D. GUNN, JR., CPA*/PFS, CFP*

VICKY G. WILD, CPA*

DAVID P. BARLEY, SR., CPA*, MBA

KENNETH R. KREY, CPA*

SONNY F. MARTIN, CPA*, CIA

4887 BELFORT ROAD, SUITE 201

JACKSONVILLE, FLORIDA 32256

TELEPHONE (904) 296-2024

FAX (904) 296-0054

www.gunncopas.com

mail@gunncopas.com

August 19, 2003

Uniform Business Report
Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please find enclosed the Uniform Business Report for 2003 with the missing information added to the report. As requested, the federal identification number (47-0911071) has been added to Box 4 as instructed.

If you have any questions or need any additional information, please do not hesitate to contact me.

Yours very truly,

David P. Barley, Sr.

Certified Public Accountant

Cc: Gene Colvin



Members of the American Institute of Certified Public Accountants Private Companies Practice Section
Members of the Florida Institute of Certified Public Accountants *Regulated by The State of Florida