

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91062 031 ***150.00

DOCUMENT # *P02000049280*

1. Entity Name

JONNY ANGEL, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

224 Tychon ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SAFETY HAVEN, FL

City & State

Zip

34695

Country

USA

Zip

Country

4. FEI Number

01-0674084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JONATHAN TROST

Street Address (P.O. Box Number is Not Acceptable)

244 Tychon ST.

City

SAFETY HAVEN

FL

Zip Code

34695

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE *4/11/03*

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<i>PRESIDENT</i>
NAME	<i>JONATHAN TROST</i>
STREET ADDRESS	<i>244 Tychon ST.</i>
CITY-ST-ZIP	<i>SAFETY HAVEN, FL 34695</i>
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

(727) 510-3539

CR2E034B (12/02)