

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91391 014 \*\*\*150.00

**DOCUMENT #** P02000084633

**1. Entity Name**  
ANGEL SHOES, INC.



**Principal Place of Business**  
5609 OCEANIC ROAD  
HOLIDAY FL 34690

**Mailing Address**  
5609 OCEANIC ROAD  
HOLIDAY FL 34690

**2. Principal Place of Business**

2595 Tampa Rd

**3. Mailing Address**

2595 Tampa Rd

Suite, Apt. #, etc.

Suite U

Suite, Apt. #, etc.

Suite U

City & State

Palm Harbor

City & State

Palm Harbor

Zip

34684

Country

Pinellas

Zip

34684

Country

Pinellas

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

03-0476368

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

REGISTERED CORPORATE AGENTS, INC.  
612 S. GREENWOOD AVE.  
CLEARWATER FL 33756

**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**TITLE** D ☐ Delete  
**NAME** HEWETT, EMMA C  
**STREET ADDRESS** 5609 OCEANIC ROAD  
**CITY-ST-ZIP** HOLIDAY FL 34690

**TITLE** D ☐ Delete  
**NAME** HEWETT, CAROLYN  
**STREET ADDRESS** 89 HIGHLAND ROAD  
**CITY-ST-ZIP** TARPON SPRINGS FL 34698

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Emma C Hewett  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2003 121-771-7749  
Date Daytime Phone #

CR2E034 (10/02)