

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90401 023 \*\*\*158.75

DOCUMENT # P02000091081

1. Entity Name  
ANGINON INC.



Principal Place of Business  
13265 SW 3RD AVE  
TAMPA FL 32669-3089

Mailing Address  
13265 SW 3RD AVE  
TAMPA FL 32669-3089



2. Principal Place of Business

13265 SW 3RD AVE.  
Suite, Apt. #, etc.

3. Mailing Address

13265 SW 3RD AVE.  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES  
CITY ADDRESS ONLY

\* City & State  
TIOGA, FL  
Zip  
32669-3089  
Country  
USA

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TIOGA, FL  
Zip  
32669-3089  
Country  
USA

4. FEI Number  
27-0027799

Applied For  
Not Applicable

5. Certificate of Status Desired -- ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURKS, JACOB  
13265 SW 3RD AVE  
TAMPA FL 32669-3089

7. Name and Address of New Registered Agent

Name  
BURKS, JACOB  
Street Address (P.O. Box Number is Not Acceptable)  
13265 SW 3RD AVE.

\* City TIOGA, FL FL Zip Code 32669-3089

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 *Jacob Burks* JACOB BURKS, SEC. 1/9/03  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS     | CITY-ST-ZIP                                     | Delete                   |
|-------|------|--------------------|---|--------------------------|
|       | D    | BURKS, JACOB       | 13265 SW 3RD AVE<br>TAMPA FL 32669-3089         | <input type="checkbox"/> |
|       | D    | PROGULSKE-FOX, ANN | 6392 COUNTY RD 214<br>KEYSTONE HEIGHTS FL 32656 | <input type="checkbox"/> |
|       | D    | KOZAROV, EMIL      | 16883 SW 1ST ST<br>PEMBROKE PINES FL 33027      | <input type="checkbox"/> |
|       |      |                    |   | <input type="checkbox"/> |
|       |      |                    |   | <input type="checkbox"/> |
|       |      |                    |   | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change                              | Addition                 |
|-------|------|----------------|-------------|-------------------------------------|--------------------------|
|       |      |                | TIOGA, FL   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/>            | <input type="checkbox"/> |

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: *Jacob Burks* JACOB BURKS 1/9/03 (852)846-2740  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)