FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO2000124485

1. Entity Name

ANGISIMPSON, INC.



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90156 022 ***150.00

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DO NOT WRITE II	N THIS SPA	ACE	Markey will recommend to the con-	
2. Principal Place of Business 3. 5 483 37th AVE N 5	Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number	Applied For
	ST PETERSBURG, EC		74-3069260	Not Applicable
33710 PINELLAS	Zip 33710 1	Country SINELL 45		75 Additional Required
33(10	3 2 110 11	3/06/64 13	7. Name and Address of Current Registered Age	
		N	IANDO F. MIZIO	
	e vertical and a second of the	25400	P.OBox Number is Not Acceptable)	
IN THIS SPACE SUITE			710	
		C-	WATER FL Z	ip Code
8. The above named entity submits this statement for the o	ourpose of changing its req	olektolitikker		r with, and accept
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				
January 1 - May 1 Fee is \$150.00			9. Election Campaign Financing	CE 00
After May 1, Fee is \$550.00 Amended UBR is \$61.25			Trust Fund Contribution.	\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State				
10. OFFICERS AND DIREC		TIFLE TO THE		
TITLE ANGELA K. SIMP	30/	NAME		Facilities and the same
STREET ADDRESS 5983 37th AVB	~	STREET ADDRESS		NON PRINCIPAL CONTRACTOR
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12. Thereby 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 on an attachment with an address, with all other like empowered.				

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

4-7-03

727-504-2992

Daytime Phone #