

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

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

05-05-2003 91156 031 ***150.00

DOCUMENT # **P02000129010**

1. Entity Name **ANGEL FIRE HOLDINGS, INC**
1339 FORESTEDGE BLVD
OLDSMAR, FL 34677-5119

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1339 FORESTEDGE BLVD
Suite, Apt. #, etc.

3. Mailing Address
1339 FORESTEDGE BLVD
Suite, Apt. #, etc.

11040820

DO NOT WRITE IN THIS SPACE

City & State
OLDSMAR, FL

City & State
OLDSMAR, FL

4. FEI Number
43-1993830

Applied For
Not Applicable

Zip
34677-5119

Country
PINELAS

Zip
34677-5119

Country
PINELAS

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **SCOTT F NELSON**
Street Address (P.O. Box Number is Not Acceptable)
200 S. HOOVER BLVD
BUILDING 201 - STE 140
City **TAMPA** FL Zip Code **33609**

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PRES**
NAME **WILLIAM MULLER**
STREET ADDRESS **1339 FORESTEDGE BLVD**
CITY - ST - ZIP **OLDSMAR FL 34677**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **TREAS**
NAME **SCOTT NELSON**
STREET ADDRESS **200 S. HOOVER BLVD**
CITY - ST - ZIP **TAMPA FL 33609**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SCOTT F NELSON TREASURER 4-30-03 (813) 286-7946

CR2E034B (12/02)