

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-30-2001 90065 019 ***150.00

DOCUMENT # P92000004698

1. Entity Name

ANGEL FAMA, INC.

Principal Place of Business

P.O. BOX 1013
1201 THE GROVE RD
ORANGE PARK FL 32067-1013
US

Mailing Address

P.O. BOX 1013
1201 THE GROVE RD
ORANGE PARK FL 32067-1013
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3152520**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THIBAUT, JOHN F
3840 NEWCOMB ROAD
P.O. BOX 18442
JACKSONVILLE FL 32209

7175 S. US #1
P.O. Box 1109
Hillbom FL 32046
TITUSVILLE FL 32780-8173

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	7175 S. US #1	<input type="checkbox"/> Delete
NAME	THIBAUT, JOHN F	P.O. Box 1109	
STREET ADDRESS	P.O. BOX 18442	N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32209	Hillbom FL 32046	
TITLE	VP	TITUSVILLE FL	<input type="checkbox"/> Delete
NAME	FIRZMARTIN, PHYLLIS	32780-8173	
STREET ADDRESS	1201 THE GROVE RD		
CITY-ST-ZIP	ORANGE PARK FL 32073		
TITLE	VP		<input type="checkbox"/> Delete
NAME	FITZMARTIN, THOMAS J		
STREET ADDRESS	2373 EGREMONT DR		
CITY-ST-ZIP	ORANGE PARK FL 32073		
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, 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 #

1-9-01 904
626-0006

CR2E034 (10/00)