# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 28, 2002 8:00 am**
**Secretary of State**
01-28-2002 90011 028 ***150.00

DOCUMENT # P93000041088

1. Entity Name
ANGELINA'S, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4005 E. HWY. 30-A<br>~~PANAMA CITY BEACH~~ FL 32459<br>US | 4005 E. HWY. 30-A<br>~~PANAMA CITY BEACH~~ FL 32459<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4005 E. Hwy. 30-A<br>Suite, Apt. #, etc. | 4005 E. Hwy. 30-A<br>Suite, Apt. #, etc. |
| City & State: Santa Rosa Bch., FL. | City & State: Santa Rosa Bch., FL. |
| Zip: 32459 Country: Walton | Zip: 32459 Country: Walton |

4. FEI Number 59-3183937 ☑ Applied For ☐ Not Applicable

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

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

PALLOTTA, ALBERT M
70 SEABREEZE CT
PANAMA CITY BEACH FL 32413

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

Name Jan M. Ethridge
Street Address (P.O. Box Number is Not Acceptable)
51 Lee Place
City Santa Rosa Bch. **FL** Zip Code 32459

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 Jan M. Ethridge Jan M. Ethridge 1/10/2002
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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PALLOTTA, CAROLYN<br>70 SEABREEZE CT<br>PANAMA CITY BEACH FL 32413 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PALLOTTA, ALBERT M<br>70 SEABREEZE CT<br>PANAMA CITY BEACH FL 32413 | ■ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ETHRIDGE, JAN<br>51 LEE PLACE<br>SANTA ROSA BCH FL 32459 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Jan M. Ethridge Jan M. Ethridge 1/10/2002 850-231-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)