

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90042 022 \*\*\*150.00

**DOCUMENT # P93000045549**

1. Entity Name

ANGEL EYES, INC.

Principal Place of Business

702 GOODLETT RD  
 STE 100  
 NAPLES FL 34102  
 US

Mailing Address

~~1625 GORDON DR~~  
~~NAPLES FL 34103-0520~~  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2046 Swainson's Run

Naples, FL

34105

Collier



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0424143

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

~~CATALANO FISHER GREGORY & CROWN CHARTERED~~  
~~4001 TAMiami TRAIL NORTH~~  
~~SUITE 404~~  
 NAPLES FL 33940

Name

Farley & Upham

Street Address (P.O. Box Number is Not Acceptable)

644 Anchor Road Dr.

City

Naples

FL

Zip Code

34103

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	KEYSER, DAWN H	
STREET ADDRESS	<del>1625 GORDON DR</del> 2046 Swainson's Run	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	S	<input type="checkbox"/> Delete
NAME	KEYSER, DAWN H	
STREET ADDRESS	<del>1625 GORDON DR</del> 2046 Swainson's Run	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

*[Signature]*

4/27/00

Date

941-649-0959

Daytime Phone #

CR2E03 (1/9/99)