

DOCUMENT # P93000046765			
1. Entity Name PERFECT ANGELS, INC.			
Principal Place of Business 206 EAGLE RIDGE DR SUITE 502 LAKE WALES FL 33853 US		Mailing Address 206 EAGLE RIDGE DR SUITE 502 LAKE WALES FL 33853-4737 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
CLARK, KATHY M 1071 SUNSET DR LAKE WALES FL 33853			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE <u>Kathy M Clark</u> Signature, typed or printed name of registered agent and title if applicable.		<u>KATHY M. CLARK</u> (NOTE: Registered Agent signature required)	
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	
11. OFFICERS AND DIRECTORS			
TITLE	P	☐ Delete	
NAME	CLARK, KATHY M		
STREET ADDRESS	1071 SUNSET DR		
CITY - ST - ZIP	LAKE WALES FL 33853		
TITLE	ST	☐ Delete	
NAME	MANRY, W. E JR.		
STREET ADDRESS	1071 SUNSET DR.		
CITY - ST - ZIP	LAKES WALES FL		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Delete	
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12.			
TITLE			
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STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
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 S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Kathy M Clark</u> <u>KATHY M CLARK</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

02-21-2000 90028 008 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3202442	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent7. Name and Address of New Registered Agent

CLARK, KATHY M
1071 SUNSET DR
LAKE WALES FL 33853

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 Kathy M Clark KATHY M. CLARK PRES. 2/11/00
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, 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 NAME STREET ADDRESS CITY - ST - ZIP	P CLARK, KATHY M 1071 SUNSET DR LAKE WALES FL 33853 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MANRY, W. E JR. 1071 SUNSET DR. LAKES WALES FL ☐ 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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

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: Kathy M Clark KATHY M CLARK 2/11/00 863-6789807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #