

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046765

1. Entity Name

PERFECT ANGELS, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90050 020 ***150.00

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
US

2. Principal Place of Business

3. Mailing Address

1071 SUNSET DR.
Suite, Apt. #, etc.

P.O. Box 312
Suite, Apt. #, etc.

City & State

LAKE WALES, FL

City & State

LAKE WALES, FL

Zip

Country

Zip

Country

33853 P

33859 POLK

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 Agent

7. 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

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 P ☐ Delete
NAME CLARK, KATHY M
STREET ADDRESS 1071 SUNSET DR
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME MANRY, W. E. JR.
STREET ADDRESS 1071 SUNSET DR.
CITY-ST-ZIP LAKE WALES FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Kathy M Clark KATHY M CLARK 1/13/01 863-678-9807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)