2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)					May 05, 2003 8:00 am §		
DOCUMENT # P95000010204 1. Entity Name ANGEL GARDENS, INC.					Secretary of State 05-05-2003 90351 010 ***150.00		Ą
10100 NW 13 GAINESVILLE US	e of Business ST 32 32653-9705	Mailing Address 10100 NW 13 ST GAINESVILLE 32 32653-9705 US	·		11000,01		
City & Stat	NW 13"25L,	Suite, Apt. #, etc. 10100 NW 13 City & State Gaines ville, F	3 th St,	4. F	CHECK HERE IF MAKING 59-3299281	CHANGES Applied For Not Applicable]
Zip 32		Zip 32653	Country US		F	8.75 Additional ee Required]
	6, Name and Address of Current I	Registered Agent		7. N	ame and Address of New Registered A	gent	1
			Name				-
GREENEWALD, PAMELA			Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
14262 NW 222 PL				of cer / colours (1.5. Box Hamber is Hot / coloptable)			
ALACHUA	FL 32615						
. .			City		FL	Zip Code	1
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or req	gistered age	ent, or both, in the State of Florida. I am fa	miliar with, and accept	
SIGNATURE .		. <u> </u>					{
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature re	equired when rei	nstating) DATE		J
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS 11.			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENEWALD, PAMELA RT 1 BOX 52 ALACHUA FL 32615	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENWALD, JAMES RT 1 BOX 52 ALACHUA FL 32615	□ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	CR2
TITLE NAME STREET ADDRESS	ativus Leagues e	. Delete	TITLE NAME STREET ADDRESS		. •	Change Addition	1

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

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NAME

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SIGNATURE:

CITY-ST-ZIP

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