

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000078315**

1. Entity Name
J. ANGEL & ASSOCIATES, INC.

Principal Place of Business
16709 RIDGE RD #108 PORT RICHEY FL 34668 US

Mailing Address
879 PINEWOOD TER.. WEST PALM HARBOR FL 34683

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90132 044 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3347761	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

**ANGEL, JERROLD R
879 PINEWOOD TER., WEST
PALM HARBOR FL 34683**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **DPST**
NAME **ANGEL, JERROLD R**
STREET ADDRESS **879 PINEWOOD TERRACE W**
CITY-ST-ZIP **PALM HARBOR FL 34683**

Delete

TITLE **D**
NAME **DENISE, ANGEL**
STREET ADDRESS **879 PINEWOOD TER. W.**
CITY-ST-ZIP **PALM HARBOR FL 34683**

Delete

TITLE **-**
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

Delete

TITLE **-**
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

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TITLE **-**
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

Delete

TITLE **-**
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **-**
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

Change Addition

TITLE **-**
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

Change Addition

TITLE **-**
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

Change Addition

TITLE **-**
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

Change Addition

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: *Cheri L. Angel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02

**727
844-3232**

Date

Daytime Phone #

CR2E034 (9/01)