

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015984

1. Entity Name

ANGLEWISE CORPORATION

Principal Place of Business

721 VIRGINIA DR
ORLANDO FL 32803
US

Mailing Address

721 VIRGINIA DR
ORLANDO FL 32803-2527
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3375184

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

RAYMOND, ISABELLA
4756 DUNBARTON DR.
ORLANDO FL 32817

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, 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 ☐ Delete
NAME RAYMOND, ISABELLA
STREET ADDRESS 721 VIRGINIA DR
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☒ Change ☐ Addition
NAME President / DIRECTOR
STREET ADDRESS ISABELLA RAYMOND
CITY-ST-ZIP 721 VIRGINIA DRIVE
ORLANDO, FL 32803

S ☒ Delete
NAME FALLER, MARCUS
STREET ADDRESS 4756 DUNBARTON DRIVE
CITY-ST-ZIP ORLANDO FL 32817

JULIAN M. BONOLO / Secretary ☐ Change ☒ Addition
NAME JULIAN M. BONOLO
STREET ADDRESS 721 VIRGINIA DRIVE
CITY-ST-ZIP ORLANDO, FL
32803

VP ☒ Delete
NAME MOSBY, TIMOTHY O
STREET ADDRESS 721 VIRGINIA DRIVE
CITY-ST-ZIP ORLANDO FL

VICE PRESIDENT ☐ Change ☒ Addition
NAME NICHOLAS S. FRAZZITTA
STREET ADDRESS 721 VIRGINIA DRIVE
CITY-ST-ZIP ORLANDO, FL 32803

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Isabella Raymond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-00 (407) 895-1727

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE