# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 30, 2001 8:00 am**
**Secretary of State**
05-30-2001 90033 039 ***158.75

DOCUMENT # P96000015984

1. Entity Name
ANGLEWISE CORPORATION ✓

| Principal Place of Business | Mailing Address |
|---|---|
| 721 VIRGINIA DRIVE<br>ORLANDO, FL 32803<br>US | 721 VIRGINIA DRIVE<br>ORLANDO, FL 32803<br>US |

A0072212

DO NOT WRITE IN THIS SPACE

| 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<br>4756 DUNBARTON DRIVE<br>ORLANDO, FL 32817 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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) ☐

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 | DP<br>RAYMOND, ISABELLA<br>4756 DUNBARTON DRIVE<br>ORLANDO, FL 32817 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>FRAZZITTA, NICHOLASS.<br>721 VIRGINIA DRIVE, ORLANDO, FL32803 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>TURNER, E. GLENN<br>721 VIRGINIA DRIVE<br>ORLANDO, FL 32803 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>RAYMOND, ISABELLA<br>721 VIRGINIA DRIVE<br>ORLANDO, FL 32803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>FALLER, MARCUS<br>721 VIRGINIA DRIVE<br>ORLANDO, FL 32803 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Sonja Bowden<br>721 VIRGINIA DRIVE<br>ORLANDO, FL32803 | ☐ 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 |

CR2E034 (11/00)

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 5-1-01 407 895-1727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #