

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90707 033 ***150.00

DOCUMENT # P96000040066

1. Entity Name
ANGER & CO., INC.

Principal Place of Business
370 WHOOPING LOOP #1110
ALTAMONTE SPRINGS FL 32701

Mailing Address
370 WHOOPING LOOP #1110
ALTAMONTE SPRINGS FL 32701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
114 Hollyhock Dr.
 Suite, Apt. #, etc.
ALTA. SPGS.

3. Mailing Address

Suite, Apt. #, etc.

City & State
FLORIDA

City & State

4. FEI Number
59-3381669

Applied For
 Not Applicable

Zip
32701

Country
USA

Zip

Country

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

ANGER, SHARON M
114 HOLLYHOCK DR.
ALTAMONTE SPRINGS FL 32701

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 _____ (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 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
P
ANGER, SHARON M
114 HOLLYHOCK DR
ALTAMONTE SPRGS FL

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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: Sharon M. Anger, President **SHARON M. ANGER** 4-1-02 407-332-0019
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)