

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090482

1. Entity Name

DANGELO DISTRIBUTORS, INC.

FILED

Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90021 007 ***150.00

Principal Place of Business

Mailing Address

1794 OCEAN DRIVE SOUTH
SUITE A
JACKSONVILLE BEACH FL 32250

P.O. BOX 50992
JACKSONVILLE FL 32240-0992

2. Principal Place of Business

3. Mailing Address

1945 SR 16

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. AUGUSTINE, FL

Zip

Country

Zip

Country

32095

USA

4. FEI Number

59-3408578

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

D'ANGELO, ANTHONY
1794 OCEAN DRIVE SOUTH
SUITE A
JACKSONVILLE BEACH FL 32250

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 D'ANGELO, ANTHONY
STREET ADDRESS 1794 OCEAN DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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

TITLE ☐ Delete
NAME D'ANGELO HUBBARD, GLORIA
STREET ADDRESS 1794 OCEAN DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/00

904.825.0650

CR2E034 (9/99)