

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90362 021 ***550.00

DOCUMENT # P96000090482

1. Entity Name

DANGELO DISTRIBUTORS, INC.

Principal Place of Business

**1945 SR 16
 SAINT AUGUSTINE FL 32095
 US**

Mailing Address

**P.O. BOX 50992
 JACKSONVILLE FL 32240-0992**

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 **59-3408578**

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

DIANGELO, ANTHONY

Street Address (P.O. Box Number is Not Acceptable)

1800 VISTA COVE DR.

City

ST. AUGUSTINE

FL.

Zip Code

32084

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 **ANTHONY D'ANGELO**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Anthony D'Angelo 7-15-02

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	D'ANGELO, ANTHONY	
STREET ADDRESS	1794 OCEAN DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	D'ANGELO HUBBARD, GLORIA	
STREET ADDRESS	1794 OCEAN DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D. DIANGELO H. GLORIA	<input type="checkbox"/> Delete
NAME	1800 VISTACOVE DR.	
STREET ADDRESS	ST. AUGUSTINE FL, 32084	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **ANTHONY D'ANGELO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony D'Angelo 7-15-02 904 825-0650

Date

Daytime Phone #

CR2E034 (10/00)