

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104787

1. Entity Name

ANGEL WINGS OF NORTH FLORIDA, INC.

Principal Place of Business

5704 HICKSON ROAD
JACKSONVILLE FL 32207

Mailing Address

5704 HICKSON ROAD
JACKSONVILLE FL 32207

2. Principal Place of Business

Angel Wings of North Fl, Inc.

3. Mailing Address

Suite, Apt. #, etc. 500 Belz Outlet Blvd #120 Suite, Apt. #, etc. 500 Belz Outlet Blvd #120

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32084

Country

USA

Zip

32084

Country

USA

4. FEI Number 59-3482439

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

SENECAL, RICHARD D
5704 HICKSON ROAD
JACKSONVILLE FL 32207

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, 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 PSTD
NAME SENECA, RICHARD D
STREET ADDRESS 5704 HICKSON ROAD
CITY-ST-ZIP JACKSONVILLE FL 32207

Delete

TITLE PSTD

Change

Addition

SENECAL, RICHARD D
500 Belz 'Outlet Blvd #120
St. Augustine, FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change

Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

Change

Addition

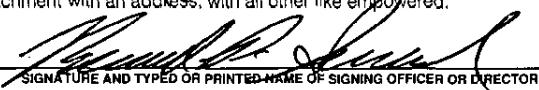
NAME

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 addressee, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

(904)826-4002

Date Daytime Phone #