FILED
May 28, 2002 8:00 am
Secretary of State
05-02-2002 90051 048 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000104787

1. Entity Name: Angel Wings of North Florida, Inc.

30440

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Belz Factory Outlet World; Suite, Apt. #, etc.: #120; City & State: St. Augustine, FL.; Zip: 32084; Country: USA

3. Mailing Address: 500 Belz outlet Blvd.; Suite, Apt. #, etc.: #120; City & State: St. Augustine, Fl; Zip: 32084; Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3482439 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: S. David Hicks C.P.A.

Street Address (P.O. Box Number is Not Acceptable): 7710 Shadowood Lane Suite 220

City: Jacksonville FL Zip Code: 32207

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: S. David Hicks C.P.A. 5/17/02
(Signature required for changed name of registered agent and title if applicable. NOTE: Registered Agent signature required when necessary) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) X

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President/Owner
NAME	Richard D. Senecal
STREET ADDRESS	500 Belz Outlet Blvd. #120
CITY-ST-ZIP	St. Augustine, Fl 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Richard D. Senecal Richard D. Senecal 4/19/02 (904) 826-4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #