

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001454

1. Entity Name

ANGELIKA BY SUZANNE, INC. ✓

Principal Place of Business

PO BOX 2002
ISLAMORADA FL 33036

Mailing Address

PO BOX 2002
ISLAMORADA FL 33036

2. Principal Place of Business

81917 Overseas Highway
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Islamorada, FL

City & State

Zip

33036

Country

USA

Country

4. FEI Number

65-0804385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLEASON, JEFFREY J
131 W PLAZA GRANDA
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name GLEASON, Jeffrey J
Street Address (P.O. Box Number is Not Acceptable)
131 W Plaza Granda
City Islamorada FL Zip Code 33036

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PS
NAME GLEASON, SUZANNE M
STREET ADDRESS PO BOX 2002
CITY-ST-ZIP ISLAMORADA FL 33036 ☐ Delete

TITLE VPTD
NAME GLEASON, JEFFREY J
STREET ADDRESS PO BOX 2002
CITY-ST-ZIP ISLAMORADA FL 33036 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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: Suzanne M. Gleason Squire Suzanne M. Gleason 7/10/00 305-664-0016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90004 026 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)