

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024742

1. Entity Name
THE ANGEL TREE, INC.

FILED

00 JUN 19 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
118 E. Tarpon Avenue, Suite 1 118 E. Tarpon Avenue,
Tarpon Springs, FL 34689 Suite 1
Tarpon Springs, FL 34689

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

REINSTATEMENT

4. FEI Number 59-3499099 Applied For
Not Applicable

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


6. Name and Address of Current Registered Agent

Amy Wilson
14 Auburn Pl.
Glen Falls, NY 12801

7. Name and Address of New Registered Agent

Name
Mary C. Backstrom
Street Address (P.O. Box Number is Not Acceptable)
3315 Supreme Drive
City Holiday FL Zip Code 34691

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  Mary C. Backstrom, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/19/00

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 ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/D/T	Mary C. Backstrom	3315 Supreme Drive	Holiday, FL 34691	<input type="checkbox"/>
VP/D	Amy Wilson	14 Auburn Pl.	Glen Falls, NY 12801	<input type="checkbox"/>
S/D	Rosana Stimson	5706 Elkhorn Blvd.	Holiday, FL 34690	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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  Mary C. Backstrom, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727/942-8177

CR2E034 (9/99)