

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90168 039 ***150.00

DOCUMENT # P98000034171

1. Entity Name
ANGEL CRUISES & TOURS, INC.

Principal Place of Business
9810 NORTHWEST 10TH COURT
PLANTATION FL 33322

Mailing Address
9810 NORTHWEST 10TH COURT
PLANTATION FL 33322

2. Principal Place of Business
4235 Linda Lane
 Suite, Apt. #, etc.

3. Mailing Address
7881 NW 7th Ct
 Suite, Apt. #, etc.

City & State
Lilburn GA
 Zip **30047** Country **USA**

City & State
Plantation, FL
 Zip **33324** Country **USA**

4. FEI Number **65-0829722**
 Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SCHWEITZER, LYNN H
9810 NORTHWEST 10TH COURT
PLANTATION FL 33322

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is acceptable)
 City **FL** Zip

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 *Lynn Schweitzer* **4/23/02**
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D SCHWEITZER, LYNN H
STREET ADDRESS	9810 NORTHWEST 10TH COURT
CITY-ST-ZIP	PLANTATION FL 33322
TITLE	<input type="checkbox"/> Delete
NAME	P CHAMBERS, PHYLLIS
STREET ADDRESS	4235 LINDA LANE
CITY-ST-ZIP	LILBURN GA 30047
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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: *Lynn Schweitzer* **4/23/02** **(954) 472-7396**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

13302014 AV

CR2E034 (9/01)