

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90129 013 ***150.00

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DOCUMENT # P98000034171

1. Entity Name
ANGEL CRUISES & TOURS, INC.



Principal Place of Business
**4235 LINDA LANE
LILBURN GA 30047**

Mailing Address
**7881 NW 7TH CT
PLANTATION FL 33322**

11000400



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

3. Mailing Address
7235 Linda Lane
Suite, Apt. #, etc.

City & State
Lilburn

City & State
Lilburn, Georgia

4. FEI Number
65-0829722

Applied For
☐ Not Applicable

Zip
30047

Country
USA

Zip
30047

Country
USA

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

**SCHWEITZER, LYNN H
7881 NW 7TH CT
PLANTATION FL 33322**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lynn Schweitzer*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/28/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SCHWEITZER, LYNN H**
STREET ADDRESS **9810 NORTHWEST 10TH COURT**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Change ☐ Addition
NAME **7881 NW 7th Court**
STREET ADDRESS **Plantation, FL 33324**
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **CHAMBERS, PHYLLIS**
STREET ADDRESS **4235 LINDA LANE**
CITY-ST-ZIP **LILBURN GA 30047**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lynn Schweitzer 9/28/03 (954) 472-7396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)