

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057373

1. Entity Name

ANGIE'S ART, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90173 005 \*\*\*150.00

Principal Place of Business 5652 ROYAL PINE BOULEVARD ORLANDO FL 32807	Mailing Address P. O. BOX 2137 WINDERMERE FL 34786-2137
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2. Principal Place of Business 7425 MEGAN ELISSA LANE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State ORLANDO, FL	City & State	4. FEI Number 59-3522801	Applied For <input type="checkbox"/> Not Applicable
Zip 32819	Country USA	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GUTHRIE, ANGELA D 5652 ROYAL PINE BOULEVARD ORLANDO FL 32807	7. Name and Address of New Registered Agent Name GUTHRIE, ROBIN J Street Address (P.O. Box Number is Not Acceptable) 7425 MEGAN ELISSA LANE City ORLANDO FL Zip Code 32819
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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 ROBIN J. GUTHRIE ROBIN J. GUTHRIE PRESIDENT 3/29/00  
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. ☐ **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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUTHRIE, ANGELA D 5652 ROYAL PINE BOULEVARD ORLANDO FL 32807 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GUTHRIE, ROBIN J 7425 MEGAN ELISSA LANE ORLANDO, FL 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUTHRIE, ROBIN 705 SKINNETT DRIVE OCOE FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT AND SECRETARY LAYTON, LAURA 2015 KINDER CT ORLANDO, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAYTON, LAURA 2015 KINDER ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUTHRIE, PAT 4134 STONEWALL DRIVE ORLANDO FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 line empowered.

SIGNATURE: ROBIN J. GUTHRIE 3/29/00 407-849-0190 EXT. 224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)