

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90010 005 ***150.00

DOCUMENT # P98000067216

1. Entity Name

VICTORIAN ANGEL, INC.

Principal Place of Business

Mailing Address

**1623 WALTERS AVE
TAMPA FL 33604**

**1623 WALTERS AVE
TAMPA FL 33604**

103436



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1623 Waters ave
Suite, Apt. #, etc.

7811 Gomez ave
Suite, Apt. #, etc.

City & State

Tampa Fla.

City & State

Tampa Fl

4. FEI Number

59-3524255

Applied For

Not Applicable

33604

Country

33604

Country

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

**TESTON, JOE M CPA
5600 MARINER STREET
SUITE 200
TAMPA FL 33609**

**ATE
Y 6**

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.

SIGNATURE **Cynthia A. Pyles**

Cynthia A. Pyles

DATE

4/28/00

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

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **PYLES, CYNTHIA A**
CITY-ST-ZIP **4625 W WATERS AVE
TAMPA FL 33604**

TITLE ☒ Change ☐ Addition
NAME **PSTD**
STREET ADDRESS **Pyles Cynthia A**
CITY-ST-ZIP **1623 W. Waters ave
Tampa Fl. 33604**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

Cynthia A. Pyles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00

CR2E034 (9/99)