

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 29, 2002 8:00 am
Secretary of State

09-29-2002 90001 045 ***550.00

DOCUMENT # P98000078228

1. Entity Name
LITTLE ANGELS CHRISTIAN ACADEMY, INC.

Principal Place of Business
**1340 W MICHIGAN STREET
 ORLANDO FL 32805**

Mailing Address
**1340 W MICHIGAN STREET
 ORLANDO FL 32805**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Orlando, FL
 Suite, Apt. #, etc.

3. Mailing Address
1340 W. Michigan ST
 Suite, Apt. #, etc.

City & State
Orlando, FL
 Zip
32805 Country
Orange

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Orlando, FL
 Zip
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Orange

4. FEI Number **59-3517410**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PHELPS, LUIS
 6531 CROOKED HILL COURT
 ORLANDO FL 32818**

7. Name and Address of New Registered Agent

Name **Luis Phelps**
 Street Address (P.O. Box Number is Not Acceptable)
2079 Date Palm CT
 City **OCOE** State **FL** Zip Code **34761**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **8-18-02**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	D PHELPS, LUIS 2079 DATE PALM COURT OCOE FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

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 title empowered.

SIGNATURE:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-02 407-426-8800
 Date Daytime Phone #