

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED

01 JUN 25 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
40072336

1. Entity Name
Angelika & Nadine Corporation

Principal Place of Business
3001 E. 9th Street
Lehigh Acres, FL
33972

Mailing Address
1100 Pondella Road
Unit # 514
North Fort Myers, FL
33903

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

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
65-0869123

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Pennylynn A. Trealout, CPA
1100 Pondella Road, Unit #514
North Fort Myers, FL 33903

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City

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 Pennylynn A. Trealout, CPA Date 5-21-01
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)

10. Election Campaign Financing
Trust Fund Contribution. May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DPST	Hansel, Walter	3001 E. 9th Street	Lehigh Acres, FL 33972
VP	Hansel, Angelika	3001 E. 9th Street	Lehigh Acres, FL 33972

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	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: ANGELIKA HANSEL Date 04.05.2001
Signature and typed or printed name of signing officer or director. Daytime Phone # (941) 458-1850
WALTER HANSEL