

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90050 015 \*\*\*150.00

**DOCUMENT # P98000087055**

1. Entity Name

ANGEL WINGS OF LAKE COUNTY, INC.

Principal Place of Business

6333 SE BABB ROAD  
 BELLEVUE FL 34420

Mailing Address

6333 SE BABB ROAD  
 BELLEVUE FL 34420

2. Principal Place of Business

5524 INDIANA DR.

Suite, Apt. #, etc.

LADY LAKE FL

City & State

Zip

32159

Country

USA

3. Mailing Address

5524 INDIANA DR.

Suite, Apt. #, etc.

LADY LAKE FL

City & State

Zip

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3553002

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ALCUBILLA, MATER D

402 SOUTH LONE OAK DRIVE

LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

ALCUBILLA SERGIO J III

Street Address (P.O. Box Number is Not Acceptable)

5524 INDIANA DRIVE

LADY LAKE

City

FL

Zip Code

32159

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

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.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ALCUBILLA, MATER D	
STREET ADDRESS	5524 INDIANA DR.	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALCUBILLA, SERGIO J III	
STREET ADDRESS	5524 INDIANA DRIVE	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALCUDILLA, MATER K	
STREET ADDRESS	5524 INDIANA DRIVE	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ALCUBILLA, REKTER J	
STREET ADDRESS	5524 INDIANA DRIVE	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	BA	<input type="checkbox"/> Delete
NAME	LEE, LUIS JR	
STREET ADDRESS	5524 INDIANA DR.	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	AA	<input type="checkbox"/> Delete
NAME	LEWIS, SHERRY	
STREET ADDRESS	5524 INDIANA DRIVE	
CITY-ST-ZIP	LADY LAKE FL 32159	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/02

352 347 9293

CR2E034 (9/01)