

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030701

1. Entity Name  
DEE'S EARTH ANGELS INC.

Principal Place of Business  
8007 CHURCH ST.  
SNEADS FL 32460

Mailing Address  
8007 CHURCH ST.  
SNEADS FL 32460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
Apr 30, 2002 8:00 am  
Secretary of State

04-30-2002 90027 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2565330

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

COCHRANE, DEE  
8007 CHURCH ST.  
SNEADS FL 32460

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

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**  
(See criteria on back)  **After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. **Election Campaign Financing**  **\$5.00 May Be**  
**Trust Fund Contribution.**  **Added to Fees**

| 11. OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|--|---|--|
| TITLE                      | P<br>COCHRANE, DEE<br>3804 MISSOURI RD<br>MARIANNA FL 32446  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE                      | V.P.<br>COCHRANE, APRIL M<br>P O BOX 20<br>MARIANNA FL 32447 | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE                      |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE                      |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE                      |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE                      |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE                      |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Dee Cochran*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2002 850/593/1243  
Daytime Phone #

CR2E034 (9/01)