

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90364 025 ***150.00

DOCUMENT # P99000084045

1. Entity Name
ANGELS ONLY, INC.

Principal Place of Business

**1562 SAN DIEGO DR.
DUNEDIN FL 34698**

Mailing Address

**1562 SAN DIEGO DR.
DUNEDIN FL 34698**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3601637**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WEAVER, JOEL R
1130 PINEHURST RD., STE. D
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name **LINDA J. HAYES**
Street Address (P.O. Box Number is Not Acceptable)
1562 SAN DIEGO DR
City **DUNEDIN** FL **34698**

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 *Linda J. Hayes*
Signature typed or printed name of registered agent and title applicable.

LINDA J. HAYES
(NOTE: Registered Agent signature required when re-registering)

4/21/02
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 **PVST**
NAME **HAYES, LINDA J** ☐ Delete
STREET ADDRESS **1562 SAN DIEGO DR.**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **D**
NAME **HAYES, LINDA J** ☐ Delete
STREET ADDRESS **1562 SAN DIEGO DR.**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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:

Linda J. Hayes
LINDA J. HAYES Pres. **4/21/02** **727-7348888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)