

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90113 020 \*\*\*150.00

DOCUMENT #. P99000102224  
 1. Entity Name  
Angel's Cove Motel, Inc.

Principal Place of Business Mailing Address  
Hwy 41 South Hwy 41 South  
LAKE CITY FL 32025 LAKE CITY FL 32025

309666

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number 59-3609352 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
Dorothy Peyrolo  
3525 Georgetown Drive Rt 6 Box 273  
Sterling Heights, Mi 48312 LAKE CITY FL 32025

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City State 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 Anthony G. Finazzo PRESIDENT DATE 4-10-2000  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	Pres	<input type="checkbox"/> Delete
NAME	Dorothy Peyrolo	
STREET ADDRESS	3525 Georgetown Dr	
CITY-ST-ZIP	Sterling Hts MI	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ANTHONY FINAZZO	
STREET ADDRESS	Rt 6, Box 273	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 another like empowered.

SIGNATURE: Anthony G. Finazzo DATE 4-10-2000 TITLE PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)