

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a  
Secretary of State

02-07-2000 90040 043 \*\*\*150.00

DOCUMENT # V20802

1. Entity Name

ANGUS ENTERPRISES INC.

Principal Place of Business  
11151 S.W. FOXBROWN ROAD  
INDIANTOWN FL 34956

Mailing Address  
11151 S.W. FOXBROWN ROAD  
INDIANTOWN FL 34956-9761

913508

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0321305

Not

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, RICHARD S  
11151 S.W. FOXBROWN ROAD  
INDIANTOWN FL 34956

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.  
(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 Added to:

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE PT  
NAME BROWN, RICHARD S  
STREET ADDRESS 11151 SW FOXBROWN RD.  
CITY-ST-ZIP INDIANTOWN FL 34956 ☐ Delete

TITLE VPS  
NAME BROWN, TONI  
STREET ADDRESS 11151 SW FOXBROWN RD.  
CITY-ST-ZIP INDIANTOWN FL 34956 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change

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 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 changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required*  
Toni Brown

Date

Daytime Phone #

1-31-2000