

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91464 045 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80097556

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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address ANGUS Ent Inc P.O. Box 12141 City & State: Fort Pierce, FL Zip: 34949 Country: St Lucie	
City & State ---		4. FEI Number 65-0321305	
Zip ---		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, RICHARD S 11151 S.W. FOXBROWN ROAD INDIANTOWN, FL 34956		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when submitting)			
FILE NOW! (IF FEE IS \$150.00) After MAY 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BROWN, RICHARD S 11151 SW FOXBROWN RD. INDIANTOWN, FL 34956	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BROWN, TONI 11151 SW FOXBROWN RD. INDIANTOWN, FL 34956	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☒
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.			
SIGNATURE: <u>Richard S Brown</u> 4-25-03 772-263-1836 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (10/02)