

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V54719

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90067 008 ***150.00

1. Entity Name

ANGELL LEASING, INC.

Principal Place of Business

7503 124TH AVE N UNIT B
 LARGO FL 33773
 US

Mailing Address

P O BOX 925
 LARGO FL 33773
 US

2. Principal Place of Business

9225 ULLESTON RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

Zip

Country

33771

U.S.OFA

Country

4. FEI Number

59-3135390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARUCA, CAROLE
 HC2 BOX 881
 OLD TOWN FL 32680

George MOUZAKIS

Street Address (P.O. Box Number is Not Applicable)

1060 STANLEY RD #302

City

LARGO

FL

Zip Code

33771

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

4/20/2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOUZAKIS, VIRGINIA L	
STREET ADDRESS	229 WHITING STREET	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Virginia L. Mouzakis MOUZAKIS 4/24/2001, 310-322-9344
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)