

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90184 002 \*\*\*150.00

**DOCUMENT # 200480**

1. Entity Name

**ANGLERS ABODE INC**

Principal Place of Business

**% JOHN VOLKER  
2715 LAKE DR.  
RIVIERA BEACH FL 33404**

Mailing Address

**126 SHUNPIKE ROAD  
MADISON NJ 07940  
US**

200480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0119968**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**JOHN VOLKER  
2715 LAKE DRIVE, APT. 101  
RIVERA BEACH FL 33404**

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, 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>VOLKER, JOHN P</b>	
STREET ADDRESS	<b>2715 LACE DR APT 101</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2715 LAKE DR. Apt 101</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LA ROSA, ANTHONY J</b>	
STREET ADDRESS	<b>5 VISTA CT</b>	
CITY-ST-ZIP	<b>ROSLYN HTS NY</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>NEVERS, JOHN E.</b>	
STREET ADDRESS	<b>2715 LAKE DR.</b>	
CITY-ST-ZIP	<b>RIVIERA BEACH FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2715 LAKE DR. Apt 201</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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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 all other like empowered.

SIGNATURE:

**JOHN E. NEVERS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MARCH 26 2001 822-2883**

CR2E034 (10/00)