

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

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90144 039 ***150.00

DOCUMENT # 200480

1. Entity Name

ANGLERS ABODE INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2715 LAKE DR.

Suite, Apt. #, etc.

APT 201

3. Mailing Address

124 SHUNPIKE RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

RIVIERA BEACH, FL

City & State

MADISON N.J.

4. FEI Number

65-0119968

Applied For

Not Applicable

Zip

33404

Country

PALM BEACH

Zip

07940

Country

MORRIS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN E. NEVERS

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

2715 LAKE DR. Apt. 201

City

RIVIERA BEACH FL

Zip Code

33404

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

John E. Nevers

JOHN E. NEVERS PRESIDENT MARCH 31 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P
NAME JOHN E. NEVERS
STREET ADDRESS 2715 LAKE DRIVE Apt 201
CITY-ST-ZIP RIVIERA BEACH, FL. 33404

TITLE V
NAME JAY HARRIS
STREET ADDRESS 2715 LAKE DRIVE Apt 203
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE T-S
NAME MARJORIE H. COYLE
STREET ADDRESS 112 STONE CROSSING
CITY-ST-ZIP STEWARTSVILLE, NJ 08886

TITLE
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

John E. Nevers, PRESIDENT

MARCH 31 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

973-822-2883

CR2E034B (12/02)