

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081482

1. Entity Name

ANGLER, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90037 020 ***150.00

Principal Place of Business

464 N GULFVIEW BLVD
CLEARWATER FL 34630
US

Mailing Address

464 N GULFVIEW BLVD
CLEARWATER FL 33767-2004
US

2. Principal Place of Business

3. Mailing Address

640 S. Bayway Blvd

Suite, Apt. #, etc.

#205

City & State

Clearwater FL

Zip

33767

Country

USA

4. FEI Number 59-3245460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAYMOND, J. PAUL
400 CLEVELAND ST
CLEARWATER FL 34615

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.

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 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME FLETCHER, JENNY E.
STREET ADDRESS 3232 COVENTORY LAN N
CITY-ST-ZIP SAFETY HARBOR FL ☐ Delete

TITLE S
NAME ANDREW NICHOLS
STREET ADDRESS 640 BAYWAY BLVD, #205
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE VSTD
NAME NICHOLS, JULIE F
STREET ADDRESS 678 SNUG ISLAND
CITY-ST-ZIP CLEARWATER FL ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VSTD
NAME Fletcher, Jenny E ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME Nichols, Julie F ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)