

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000006380

1. Entity Name
ANGLER'S CHOICE, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90148 021 ***150.00

Principal Place of Business

Mailing Address

2075 WESTBOURNE DRIVE
 OVIEDO FL 32765
 US

2075 WESTBIURNE DRIVE
 OVEIDO FL 32765
 US

765180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **50-3224476**

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

LEIGH, RICHARD A
 39 W PINE ST
 ORLANDO FL 32801

Name **Joyce STACKPOLE**

Street Address (P.O. Box Number is Not Acceptable)
2075 Westbourne dr

City **Oviedo**

FL

Zip Code **32765**

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 Joyce Stackpole **Joyce STACKPOLE Secretary**

DATE **4/30/01**

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 **DPT** ☐ Delete
 NAME **STACKPOLE, DON**
 STREET ADDRESS **2075 WESTBOURNE DRIVE**
 CITY-ST-ZIP **OVIEDO FL**

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

TITLE **DS** ☐ Delete
 NAME **STACKPOLE, JOYCE**
 STREET ADDRESS **2075 WESTBOURNE DRIVE**
 CITY-ST-ZIP **OVIEDO FL**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD J. STACKPOLE

4/30/01 (407)
 366-6612

Date Daytime Phone #

CR2E034 (10/00)