

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026537

1. Entity Name

ANGLER ROOFING & SHEET METAL, INC.

Principal Place of Business

409 LAUREL AVE
SANFORD FL 32771
US

Mailing Address

409 LAUREL AVE
SANFORD FL 32771-1863
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3300237

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

SELLERS, DONALD
1280 SECTION LINE TRAIL
DELTONA FL 32725

Name

SELLERS DONALD L

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

409 LAUREL AVE

City

SANFORD

FL

Zip Code

32771

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

Donald L. Sellers

2-9-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SELLERS, DON	
STREET ADDRESS	1280 SECTION LINE TRAIL	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WAGONER, CHESTER	
STREET ADDRESS	7000 FIRESTONE	
CITY-ST-ZIP	N. CANTON OH 44721	
TITLE	T	<input type="checkbox"/> Delete
NAME	COOPER, LEONARD	
STREET ADDRESS	1263 COBBLEFIELD N.E.	
CITY-ST-ZIP	N. CANTON OH 44721	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SELLERS, GLENDA	
STREET ADDRESS	1280 SECTION LINE TR	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLERS DONALD L	
STREET ADDRESS	409 LAUREL AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SELLERS DONALD L II	
STREET ADDRESS	676 MCKENNY	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Donald L. Sellers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-00

Date

407-302-5978

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE