

DOCUMENT # P99000085521

1. Entity Name

ANGLER PLUMBING, INC.

Principal Place of Business

Mailing Address

1532 SEVILLAGE CR DR  
SUITE J  
PORT SAINT LUCIE FL 34952

1532 SEVILLAGE CR DR  
SUITE J  
PORT SAINT LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

1532 SE Village Green Dr.

1532 SE Village Green Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite J

Suite J

City & State

City & State

Port St. Lucie FL

Port St. Lucie FL

Zip

Zip

34952

34952

Country

Country

USA

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATTHEWS, MARK S ESQ.  
306 N. FLORIDA AVENUE  
STUART FL 34995

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
ROBBINS, ERIC L  
306 N. FLORIDA AVENUE  
STUART FL 34995

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
WASKE, RAYMOND J JR.  
332 S.W. MAJESTIC TERRACE  
PORT. ST. LUCIE FL 34984

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond J. Waske Jr

Vice Pres / Secy / Dir

1-3-01

561-335-5470

Daytime Phone #

FILED  
Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90059 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0948430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

CR2E034 (10/00)