

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **539625**  
 1. Entity Name  
**Wastewater Doctor, Inc.**  
**d/b/a SunCoast Environmental Utility Services**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATION  
 00 NOV 15 PM 3:52

Principal Place of Business  
**2525 S.E. 19th PL**  
**Cape Coral, FL 33904**

Mailing Address  
**2525 S.E. 19th PL**  
**Cape Coral, FL 33904**

2. Principal Place of Business  
**SAME**

3. Mailing Address  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

**Amended**

4. FEI Number  
**65-0249116**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANGEL, HOLLY J.**  
**2525 S.E. 19th PL.**  
**Cape Coral, FL 33904**

7. Name and Address of New Registered Agent

Name **Michael R. Angel**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2525 S.E. 19th PL.**  
 City **Cape Coral** FL Zip Code **33904**

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 **Holly J. Angel** **Michael R. Angel** DATE **10-12-00**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	<b>Angel, Michael R.</b>
STREET ADDRESS	<b>2525 S.E. 19th PL</b>
CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>
TITLE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	<b>Angel, Holly J.</b>
STREET ADDRESS	<b>2525 S.E. 19th PL</b>
CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>
TITLE	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Angel, Michael R.</b>
STREET ADDRESS	<b>2525 SE 19th PL</b>
CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Angel, Holly J.</b>
STREET ADDRESS	<b>2525 SE 19th PL</b>
CITY-ST-ZIP	<b>Cape Coral, FL 33904</b>
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: **Holly J. Angel** **Michael R. Angel** DATE **10-12-00** (941) 574-2743

CR2E034 (5/00)