

DOCUMENT # S39625

1. Entity Name

WASTEWATER DOCTOR, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90034 006 ***150.00

Principal Place of Business

2525 SE 19TH PL
CAPE CORAL FL 33904

Mailing Address

2525 SE 19TH PL
CAPE CORAL FL 33904

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0249116

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

ANGEL, HOLLY J
2525 S.E. 19TH PLACE
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

ANGEL, MICHAEL R.

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/01

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 P ☐ Delete
NAME ANGEL, HOLLY J
STREET ADDRESS 2525 S.E. 19TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VP ☒ Change ☐ Addition
NAME ANGEL, HOLLY J.
STREET ADDRESS 2525 S.E. 19th PL.
CITY-ST-ZIP Cape Coral, FL 33904
as of 6-18-00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition
NAME ANGEL, MICHAEL R.
STREET ADDRESS 2525 S.E. 19th PL.
CITY-ST-ZIP Cape Coral, FL 33904
as of 6-18-00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

Date

(941) 574-2743

Daytime Phone #

CR2E034 (10/00)