

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S92104**

1. Entity Name
SOUTHERN ANGLER, INC.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90047 040 ***150.00

Principal Place of Business
3585 S.E. ST. LUCIE BLVD.
STUART FL 34997
US

Mailing Address
3585 S.E. ST. LUCIE BLVD.
STUART FL 34997
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

65-0294169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DEVITO, EVE
1369 DYER POINT RD.
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name
Richard Devito

Street Address (P.O. Box Number is Not Acceptable)
2563 SW Conch Cove Ln

City
Palm City

FL

Zip Code
34997

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  **Richard Devito - President**

4-23-02

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, 2002 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 **DEVITO, RICHARD**
STREET ADDRESS **502 EDGEWOOD**
CITY-ST-ZIP **STUART FL 34997**

TITLE **P** ☐ Change ☐ Addition
NAME **Devito, Richard**
STREET ADDRESS **2563 SW Conch Cove Ln**
CITY-ST-ZIP **Palm City, FL 34994**

TITLE **VP** ☐ Delete
NAME **DEVITO, PATRICIA**
STREET ADDRESS **502 EDGEWOOD**
CITY-ST-ZIP **STUART FL 34997**

TITLE **VP** ☐ Change ☐ Addition
NAME **Devito, Patricia**
STREET ADDRESS **2563 SW Conch Cove Ln**
CITY-ST-ZIP **Palm City, FL 34994**

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:

 **Richard Devito**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 **772-288-2662**
Date Daytime Phone #

CR2E034 (9/01)