

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90075 030 ***550.00

DOCUMENT # F03000000044

1. Entity Name
AGM PARTNERS, INC.



Principal Place of Business
**2010 HWY. A
WASHINGTON MO 63090**

Mailing Address
**9409 WHISPERING MEADOWS LANE
ORLANDO FL 32825**



2. Principal Place of Business

1837 CROWLEY CIRCLE E
Suite, Apt. #, etc.

3. Mailing Address

1837 CROWLEY CIRCLE E
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

LONGWOOD FL

City & State

LONGWOOD FL

4. FEI Number **43-1572764**

Applied For

Not Applicable

Zip
32779

Country

Zip
32779

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MESCHER, MICHAEL
9409 WHISPERING MEADOWS LANE
ORLANDO FL 32825**

7. Name and Address of New Registered Agent

Name

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

1837 CROWLEY CIRCLE E

City

LONGWOOD

FL

Zip Code

32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CPVP** ☐ Delete
NAME **MESCHER, MICHAEL E**
STREET ADDRESS **9409 WHISPERING MEADOWS LANE**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **ST** ☐ Delete
NAME **MESCHER, MICHAEL E**
STREET ADDRESS **9409 WHISPERING MEADOWS LANE**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1837 CROWLEY CIRCLE E**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1837 CROWLEY CIRCLE E**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL E MESCHER
PRESIDENT**

Date

Daytime Phone #

7/15/03 407-333-1554

CR2E034 (4/03)