

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90096 012 ***158.75

0600343

DOCUMENT # F99000006093

1. Entity Name
AGS/PEICO, INC.

Principal Place of Business Mailing Address
4350 WEST SUNRISE BLVD., STE. 103D **4350 WEST SUNRISE BLVD., STE. 103D**
PLANTATION FL 33313 **PLANTATION FL 33313**

00011010

2. Principal Place of Business 3. Mailing Address
11860 W. STATE RD 84 **11860 W. STATE RD 84**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE # 1 **STE # 1**



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
FT. LAUDERDALE, FL **FT. LAUDERDALE, FL** **65-0954096** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33325 **USA** **33325** **USA**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
ELZWEIG, GARY Name **Wright, Dickerson**
4350 WEST SUNRISE BLVD., STE. 103D Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33313 **11860 W. STATE ROAD 84 STE # 1**
 City City Zip Code
FT. LAUDERDALE **FL** **33325**

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]* **Dickerson Wright 1-23-01**
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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	CD WRIGHT, DICKERSON 4350 WEST SUNRISE BLVD., STE. 103D PLANTATION FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11860 W. STATE RD 84 STE # 1 FT. LAUDERDALE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ELZWEIG, GARY 4350 WEST SUNRISE BLVD., STE. 103D PLANTATION FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11860 W. STATE RD 84 STE # 1 FT. LAUDERDALE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete CROMER, STAN 4350 WEST SUNRISE BLVD., STE. 103D PLANTATION FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Molinelli, Mark 11860 W. STATE RD 84 STE # 1 FT. LAUDERDALE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WASILEWSKI, JOE 4350 WEST SUNRISE BLVD., STE. 103D PLANTATION FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11860 W. STATE RD 84 STE # 1 FT. LAUDERDALE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Griffith, Timothy 11860 West State Road 84-Suite #1 Ft. Lauderdale, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Dierkes, Dawn 11860 West State Road 84-Suite #1 Ft. Lauderdale, FL 33325

13. I hereby certify that the information supplied with this filing does not equal 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]* **Gary Elzweig 1-23-01 954-581-2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)