

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90108 046 ***150.00

DOCUMENT # F99000006728

1. Entity Name

AGE, INC.

AU024300



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**2701 NORTH KILDARE AVENUE
 CHICAGO IL 60639**

**2701 NORTH KILDARE AVENUE
 CHICAGO IL 60639**

2. Principal Place of Business

3. Mailing Address

2046 McKinley Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

4. FEI Number

36-4330751

APPLIED FOR

Applied For

Not Applicable

Zip

33020

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

Name

AMERICAN GAMING & ELECTRONICS, INC.

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

2046 McKinley Street

City

Hollywood

FL

Zip Code

33020

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

George B. Toma VP

02/22/00

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, 2000 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **KOMOROWSKI, MARK**
 CITY-ST-ZIP **2701 NORTH KILDARE AVENUE
 CHICAGO IL 60639**

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **TOMA, GEORGE B**
 CITY-ST-ZIP **2701 NORTH KILDARE AVENUE
 CHICAGO IL 60639**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **DOMENICO, BEN**
 CITY-ST-ZIP **2701 NORTH KILDARE AVENUE
 CHICAGO IL 60639**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **IRVIN, JIMMY**
 CITY-ST-ZIP **2701 NORTH KILDARE AVENUE
 CHICAGO IL 60639**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **MYSEL, DAVE**
 CITY-ST-ZIP **2701 NORTH KILDARE AVENUE
 CHICAGO IL 60639**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **HOPPE, KATHLEEN**
 CITY-ST-ZIP **2701 NORTH KILDARE AVENUE
 CHICAGO IL 60639**

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:

George B. Toma VP

02/22/00

773/252-8220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #