2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 22, 2002 8:00 am Secretary of State **DOCUMENT #** P01000100380 1. Entity Name 04-22-2002 90340 001 ***158 ARGO SERVICES INC. Principal Place of Business Mailing Address 463 CHEVY CHASE DR 463 CHEVY CHASE DR SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address 163 Cheuy Chase DR 463 Cheuv Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For **ARASOTA** OARASOTA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Manalec Ylanatee Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEAQUAIR, JASON E Street Address (P.O. Box Number is Not Acceptable) **463 CHEVY CHASE DR** SARASOTA FL 34243 City Zip Code 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition CR2E034 (9/01) NAME DEAQUAIR, JASON NAME STREET ADORESS 463 CHEVY CHASE DR STREET ADDRESS CiTY-ST-7IP Sarasota FL 34243 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME Deaquair, Carla M NAME STREET ADDRESS 463 CHEVY CHASE DR STREET ADDRESS CITY_ST_ZIP SARASOTA FL 34243 CITY-ST-ZIP TITLE Delete AS TITLE Change ☐ Addition NAME DEAQUAIR, LUKE NAME STREET ADDRESS 463 CHEVY CHASE DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP Delete TITLE AS TITLE ☐ Change ☐ Addition NAME DEAQUAIR, COLLIN NAME STREET ADDRESS 463 CHEVY CHASE DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 **SIGNATURE:**