FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 DEC -8 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P29180

1. Entity Name

Agent Investors Holding Company

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
201 ATP Tour Blvd	same
Suite, Apt. #, etc.: Suite 150	Suite, Apt. #, etc.
City & State: Ponte Vedra, Florida	City & State
Zip: 32082 / Country: St. Johns	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3010380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lesnick, Irving

Street Address (P.O. Box Number is Not Acceptable): 150 E Palmetto Park Rd., Suite 500

City: Boca Raton, FL **FL** Zip Code: 33432

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/CEO/C Gerald Policastro 201 ATP Tour Blvd, suite150, Ponte Vedra, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP/CFO/D Richard F. Sielicki 201 ATP Tour Blvd, suite 150, Ponte Vedra, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP/D Pete Lee 201 ATP Tour Blvd, suite 150, Ponte Vedra, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Kelley R. Bost 201 ATP Tour Blvd, sutie 150, Ponte Vedra, FL
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: KR Bost 11/3/03 904-285-4030 x202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #