

2000 UNIFORM BUSINESS REPORT (UBR)

5/1/2000 10:00 AM

DOCUMENT # P99000071832

1. Entity Name

A & G ENTERPRISES OF SARASOTA, INC.

FILED
Jul 10, 2000 8:00 am
Secretary of State

05-24-2000 90070 039 ***150.00

Principal Place of Business

8830 S. TAMiami TRAIL STE. 130
SARASOTA FL 34238

Mailing Address

8830 S. TAMiami TRAIL STE. 130
SARASOTA FL 34238-3130

2. Principal Place of Business

515 INTERSTATE BLVD

Suite, Apt. #, etc.

3. Mailing Address

515 INTERSTATE BLVD

Suite, Apt. #, etc.

City & State

SARASOTA FLORIDA

Zip

34240

Country

City & State

SARASOTA FLORIDA

Zip

34240

Country

4. FEI Number

65-0942025

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

ANGELO, STEPHEN M

8830 S. TAMiami TRAIL STE. 130
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name

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

515 INTERSTATE BLVD

City

SARASOTA

FL

Zip Code

34240

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, 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

TITLE D
NAME ANGELO, STEPHEN M ☐ Delete
STREET ADDRESS 8830 S. TAMiami TRAIL, STE. 130
CITY-ST-ZIP SARASOTA FL 34238

TITLE D
NAME GOBLE, CHAD M ☐ Delete
STREET ADDRESS 8830 S. TAMiami TRAIL, STE. 130
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 515 INTERSTATE BLVD
CITY-ST-ZIP SARASOTA FL 34240

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 515 INTERSTATE BLVD
CITY-ST-ZIP SARASOTA FL 34240

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

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

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)(f), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)