

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **533902**

1. Entity Name
AGENCIES TREND INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90012 046 ***150.00

Principal Place of Business

**5131 WILLOW LEAF DR.
SARASOTA FL 34241**

Mailing Address

**5131 WILLOW LEAF DR.
SARASOTA FL 34241-6232**

2. Principal Place of Business

**5131 WILLOW LEAF DR.
SARASOTA FL**

3. Mailing Address

5131 WILLOW LEAF DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL

City & State

SARASOTA FL

4. FEI Number

65-0359107

Applied For

Not Applicable

Zip

34241

Country

U.S.A.

Zip

34241

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GOSLIN, ANGELA
5131 WILLOW LEAF DR.
SARASOTA FL 34241**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Angela Goslin **Angela Goslin**

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	PRESIDENT	<input type="checkbox"/> Delete
NAME	ANTHONY D. GOSLIN	
STREET ADDRESS	5131 WILLOW LEAF DR	
CITY - ST - ZIP	SARASOTA FL 34241	
TITLE	V. PRESIDENT	<input type="checkbox"/> Delete
NAME	ANGELA M. GOSLIN	
STREET ADDRESS	5131 WILLOW LEAF DR	
CITY - ST - ZIP	SARASOTA FL 34241	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Angela Goslin **Angela Goslin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

941 9230

Date

Daytime Phone

AD