

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071832

1. Entity Name

A & G ENTERPRISES OF SARASOTA, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90133 003 ***150.00

Principal Place of Business

575 INTERSTATE BLVD
 SARASOTA FL 34240

Mailing Address

575 INTERSTATE BLVD
 SARASOTA FL 34240

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1858 RINGLING BLVD

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

34236

Country

4. FEI Number 65-0942025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ANGELO, STEPHEN M
 575 INTERSTATE BLVD
 SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name

RENEA GLENNING

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

1858 RINGLING BLVD

City

SARASOTA

Zip Code

34236

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

Renata M. Glendinning

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/26/01

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, 2001 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	<input checked="" type="checkbox"/> Delete
NAME	ANGELO, STEPHEN M	
STREET ADDRESS	575 INTERSTATE BLVD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOBLE, CHAD M	
STREET ADDRESS	575 INTERSTATE BLVD	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	ROBERT P. CLARKE	<input type="checkbox"/> Delete
NAME	ROBERT P. CLARKE	
STREET ADDRESS	1858 RING	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT P. CLARKE	
STREET ADDRESS	1858 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENEA GLENNING	
STREET ADDRESS	1858 RINGLING BLVD	
CITY-ST-ZIP	SARASOTA FL 34236	
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		

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/15/01

Date

X 941-377-4788

Daytime Phone #

CR2E034 (10/00)