

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2001 8:00 am**
Secretary of State

02-07-2001 90171 027 ***150.00

DOCUMENT # 238846

1. Entity Name

AGMARL INC

Principal Place of Business

ALAN LINDSAY
321 ROYAL POINCIANA PLAZA S
PALM BEACH FL 33480-4019

Mailing Address

ALAN LINDSAY
321 ROYAL POINCIANA PLAZA S
PALM BEACH FL 33480-4019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1603164**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDSAY, ALAN
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LINDSAY, ALAN	
STREET ADDRESS	321 ROYAL POINCIANA PLZA	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROGERS, DOYLE	
STREET ADDRESS	321 ROYAL POINCIANA PLZA	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAKER, DAVID H	
STREET ADDRESS	321 ROYAL POINCIANA PLZA	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAMBY, LOUIS L III	
STREET ADDRESS	321 ROYAL POINCIANA PLZA	
CITY-ST-ZIP	PALM BEACH FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALAN LINDSAY 2/5/01 561 659 1770

CR2E034 (10/00)