

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90095 033 ****61.25

DOCUMENT # 744524

1. Entity Name

AGPAC, INC.

Principal Place of Business

Mailing Address

**1390 TIMBERLANE RD.
TALLAHASSEE FL 32312**

**1390 TIMBERLANE RD.
TALLAHASSEE FL 32312**

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

59-2783160

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

**MARSOLAIS, HAROLD R
1390 TIMBERLANE RD.
TALLAHASSEE FL 32312**

Name

MARK O'CONNELL

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

1390 Timberlane Rd

City

Tallahassee

FL

Zip Code

32312

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

Mark O'Connell

4/23/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D WILLIS, LARRY**
STREET ADDRESS **18401 NW 27 AVE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
NAME **D KAISER, JOHN**
STREET ADDRESS **31 OCEAN REEF, STE. A 202**
CITY-ST-ZIP **KEY LARGO FL**

TITLE ☐ Change ☐ Addition
NAME **DAVID Coble**
STREET ADDRESS **9874 Linebaugh Ave**
CITY-ST-ZIP **Tampa FL 33626**

TITLE ☒ Delete
NAME **D MARINO, BRIAN**
STREET ADDRESS **18463 PINES BLVD.**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ Change ☒ Addition
NAME **Ronald Silverman**
STREET ADDRESS **770 Deltona Blvd Ste B**
CITY-ST-ZIP **Deltona FL 32725**

TITLE ☒ Delete
NAME **D SCHWEND, PAUL**
STREET ADDRESS **305 N. KING RD.**
CITY-ST-ZIP **CALLAHAN FL**

TITLE ☐ Change ☒ Addition
NAME **Robert Fowinkle**
STREET ADDRESS **120 53rd Ave W**
CITY-ST-ZIP **Bradenton, FL 34207**

TITLE ☒ Delete
NAME **T MARSOLAIS, HAROLD R**
STREET ADDRESS **1390 TIMBERLANE RD.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Change ☒ Addition
NAME **O'Connell, MARK**
STREET ADDRESS **1390 Timberlane Rd**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

850-893-8245

Daytime Phone #

CR2E037 (9/01)