

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90125 009 ****61.25

DOCUMENT # 744524

1. Entity Name

AGPAC, INC.



Principal Place of Business

**1390 TIMBERLANE RD.
TALLAHASSEE FL 32312**

Mailing Address

**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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**O'CONNELL, MARK
1390 TIMBERLANE RD.
TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

Name

Ronald Villella

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

311 East Park Avenue

City

Tallahassee

FL

Zip Code

32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ronald Villella

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIS, LARRY	
STREET ADDRESS	18401 NW 27 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COBB, DAVID	
STREET ADDRESS	9874 LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVERMAN, RONALD	
STREET ADDRESS	770 DEHONA BLVD STE B	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOWINKLE, ROBERT	
STREET ADDRESS	120 53RD AVE W	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	T	<input type="checkbox"/> Delete
NAME	O'CONNELL, MARK	
STREET ADDRESS	1390 TIMBERLANE RD.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Villella	
STREET ADDRESS	311 East Park Avenue	
CITY-ST-ZIP	Tallahassee, Florida 32301	
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		<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		

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 *Ronald Villella* **REQUIRED**

CR2E037 (10/02)