

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91387 029 ***150.00

DOCUMENT # F55133

1. Entity Name
AGNA, INC.

Principal Place of Business Mailing Address
% G AGNACIAN, 5120 WILLOW LEAF DR **P.O. BOX 5018**
5180 (33579) **SARASOTA FL 34277**
SARASOTA FL 34241 **US**

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 Applied For
59-2165694 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 | |
| AGNACIAN, GEORGE N 5120 WILLOW LEAF DR SARASOTA FL 34241 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | 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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|------|---------------------|---------------------|---|------|----------------|-------------|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | PS | AGNACIAN, GEORGE N. | 5120 WILLOW LEAF DR | | | | |
| | | | SARASOTA, FL 00000 | | | | |
| | VT | AGNACIAN, JOAN S. | 5120 WILLOW LEAF DR | | | | |
| | | | SARASOTA, FL 00000 | | | | |
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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: **GEORGE N. AGNACIAN** Date: **3/15/02** Daytime Phone #: **941 371-6236**

CR2E034 (9/01)