

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005935

1. Entity Name

ALLIED GRAPHIC EQUIPMENT, INC.

Principal Place of Business

1133 BAL HARBOR BLVD., PMB 131, SUITE 1139
PUNTA GORDA FL 33950

Mailing Address

1133 BAL HARBOR BLVD., PMB 131, SUITE 1139
PUNTA GORDA FL 33950-6577

2. Principal Place of Business

2400 Flora Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

Zip

Country

33950

Charlotte

Zip

Country

4. FEI Number

58-2195241

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

WOELKERS, GERALD A
2400 FLORA LANE
PUNTA GORDA FL 33950

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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PV
NAME WOELKERS, GERALD A
STREET ADDRESS 2400 FLORA LANE
CITY-ST-ZIP PUNTA GORDA FL 33950

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST
NAME WOELKERS, SUZANNAH M
STREET ADDRESS 2400 FLORA LANE
CITY-ST-ZIP PUNTA GORDA FL 33950

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☐ Change ☐ Addition

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

Jan. 6, 2000

Date

941/639-9103

CR2E034 (9/99)