

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 21, 2002 8:00 am
Secretary of State

03-27-2002 90067 027 ***150.00

DOCUMENT # G14910

1. Entity Name

A.G. HITZING, INC.

Principal Place of Business

300 SAN MARCO AVENUE
ST. AUGUSTINE FL 32084

Mailing Address

300 SAN MARCO AVENUE
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2248061		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

MOTES, BRENDA DIANE
300 SAN MARCO AVENUE
SAINT AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

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

Brenda Diane Motes, Brenda Diane Motes, Pres.

3/15/02

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, 2002 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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTES, BRENDA DIANE	NAME	
STREET ADDRESS	300 SAN MARCO AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTES, WILLIAM W	NAME	
STREET ADDRESS	300 SAN MARCO AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	CITY-ST-ZIP	
TITLE	DC	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTES, BRENDA DIANE	NAME	
STREET ADDRESS	300 SAN MARCO AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTES, WILLIAM W	NAME	
STREET ADDRESS	300 SAN MARCO AVENUE	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

BRENDA DIANE MOTES

Date

Daytime Phone #

CR2EQ34 (9/01)