

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90248 033 \*\*\*150.00

**DOCUMENT #** *H31098*

**1. Entity Name** *Peg-AG Ent, Inc*

**Principal Place of Business** *6211 65 Place East*  
*Palmetto, FL 34221*

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**City & State**

**Zip**

**Country**

**City & State**

**Zip**

**Country**

**4. FEI Number** *59-2479616*

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

*Joseph P. Trinkaus*  
*6211 65 Place East*  
*Palmetto, FL 34221*

**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** *[Signature]* **DATE** *4/27/01*

**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, 2001 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**

**TITLE** *PD* **NAME** *Joseph P. Trinkaus* ☐ **Delete**  
**STREET ADDRESS** *6211 65 Place East*  
**CITY-ST-ZIP** *Palmetto, FL 34221*

**TITLE** *ST* **NAME** *Peggy L. Trinkaus* ☐ **Delete**  
**STREET ADDRESS** *6211 65 Place East*  
**CITY-ST-ZIP** *Palmetto, FL 34221*

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**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]* **DATE** *4/27/01* **Daytime Phone #**

CR2E034 (11/00)