

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # H43662

1. Entity Name

AGEMS, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

04-22-2000 90034 038 ***158.75

Principal Place of Business Mailing Address

150 SECOND AVE NORTH STE 1600 150 SECOND AVE NORTH STE 1600
 STE 1170 STE 1170
 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701-3343
 US US

2. Principal Place of Business 3. Mailing Address

120 First Street East Post Office Box 58031
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

TiERRA VERDE, FL. TIERRA VERDE, FL.

Zip Country Zip Country

33715 Pinellas 33715 Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2651944 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COHRS, DENIS A
 2841 EXECUTIVE DRIVE
 SUITE 120
 CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name Richard S. Curtis
 Street Address (P.O. Box Number is Not Acceptable)
 120 First Street East
 Suite 102
 City Tierra Verde FL Zip Code 33715

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)

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 ☐ \$5.00 May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	CURTIS, RICHARD	150 SECOND AVE NORTH	ST. PETERSBURG FL	<input type="checkbox"/>
ST	JONATZKE, LISA M.	150 SECOND AVENUE NORTH	ST. PETERSBURG FL	<input type="checkbox"/>
VP	AILEEN M. HAGERTY	150 2ND AVE N	ST PETERSBURG FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, trustee or 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

Date

Daytime Phone #

1-20-00 727-895-3227

CR2E034 (9/99)