FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 03, 2002 8:00 am & Secretary of State **DOCUMENT #** H43662 1. Entity Name AGEMS, INC. 05-03-2002 90160 019 ***158.75 Principal Place of Business Mailing Address 120 FIRST STREET EAST PO BOX 58031 STE 102 TIERRA VERDE FL 33715 TIERRA VERDE FL 33715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2651944~ Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **CURTIS, RICHARD S** Street Address (P.O. Box Number is Not Acceptable) 120 FIRST ST EAST **STE 102** TIERRA VERDE FL 33715 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, Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE ☐ Addition CURTIS, RICHARD NAME JONATZKE, LISA M. NAME 150 SECOND AVE NORTH STREET ADDRESS 120 1StStE #102 STREET ADDRESS ST. PETERSBURG FL TIERRAYERDE, FI. 37715 CITY-ST-7IP CITY-ST-ZIP ST ☐ Delete Change ☐ Addition JONATZKE, LISA M. NAME CURTIS, RICHARD NAME 150 SECOND AVENUE NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP1 : TILARA VENDETFI. 33715 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS

CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of its 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information si indicated on this report or supplement of the corporation or the receiver of changed, or on an attachment w

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(9/01)