

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J17857

1. Entity Name

A.G.S. PUBLICATIONS, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90221 006 ***550.00

Principal Place of Business

2621 NW 67TH TERRACE
MARGATE FL 33063
US

Mailing Address

2621 NW 67TH TERRACE
MARGATE FL 33063
US

A0073943



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Route 12

3. Mailing Address

Route 12

Suite, Apt. #, etc.

Box 547

Suite, Apt. #, etc.

Box 547

City & State

LAKE CITY, FL

City & State

LAKE CITY, FL

4. FEI Number

59-2655172

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELDER, LAWRENCE D.
1417 SE 1ST AVE
FT LAUDERDALE FL 33316

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

Lawrence D. Felder

8/18/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 SKINNER, ANTHONY
STREET ADDRESS 2021 NORTHWEST 67TH TERR
CITY-ST-ZIP MARGATE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS ROUTE 12 BOX 547
CITY-ST-ZIP LAKE CITY, FL. 32025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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:

Anthony G. Skinner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

ANTHONY G. SKINNER

904-754-0745
8/14/2000 Daytime Phone #

CR2E034 (5/00)