## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # J80142** May 05, 2000 8:00 am Secretary of State AGENCY MANAGEMENT CORPORATION 05-05-2000 90094 031 \*\*\*158.75 Principal Place of Business Mailing Address 1509 W. BROADWAY 1509 W. BROADWAY OVIEDO FL 32765-6576 OVIEDO FL 32765 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2823556 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name \_\_\_ JOHNSON, CHARLES F. II Street Address (P.O. Box Number is Not Acceptable) 1509 W. BROADWAY **OVIEDO FL 32765** 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Change ☐ Addition ☐ Delete TITLE JOHNSON, CHARLES F., II NAME STREET ADDRESS 622 STALLION CT. STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE JOHNSON, CHARLOTTE B. NAME STREET ADDRESS STREET ADDRESS 622 STALLION CT. CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Addition TITLE ☐ Delete FORD, REBECCA NAME NAME STREET ADDRESS STREET ADDRESS 1136 DUNCAU DR. CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 Change ☐ Addition ☐ Delete TITLE TITLE JOHNSON, C. F. III NAME NAME STREET ADDRESS STREET ADDRESS 922 83RD STREET, NW CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 32708** ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

407-366-6707

Daytime Phone #