

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90102 010 ***150.00

DOCUMENT # K02091

1. Corporation Name

AUGATS GREENFIELD INC

Principal Place of Business

Mailing Address

AUGATS GREENFIELD INC 12634 US 41
SPRING HILL FL
34610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1985

2. Principal Place of Business

2a. Mailing Address

21 12634 US 41

26 3500 GALT OCEAN DRIVE

4. FEI Number

859-2876279

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 -D-

27 115 SUITE

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

23 SPRING HILL FLORIDA

28 FT LAUDERDALE FL

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip Country

Zip Country

24 34610

25

29 33308

30

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRED AUGAT

12634 US 41

SPRING HILL FL 34610

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD AGATHA AUGAT

STREET ADDRESS 25 COLLEGG AVE

CITY-ST-ZIP MANHATT NY 10014

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00

Date

954-563-4917

Daytime Phone #

CR2E034 (11/98)