

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90999 014 \*\*\*150.00

**DOCUMENT # K39462**

1. Entity Name  
**A.G. INTERESTS, INC.**

Principal Place of Business

13801 N. DALE MABRY HWY  
 STE 200  
 TAMPA FL 33618  
 US

Mailing Address

13801 N. DALE MABRY HWY  
 STE 200  
 TAMPA FL 33618  
 US

LUU59503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2916442**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOINS, ALLEN**  
**13928 SHADY SHORES DRIVE**  
**TAMPA FL 33613**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>GOINS, BONNIE</b> <b>13928-SHADY SHORES DR.</b> <b>TAMPA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>GOINS, ALLEN</b> <b>2803 W. BUSCH, SUITE 107</b> <b>TAMPA FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>13928 SHADY SHORES DRIVE</b> <b>TAMPA, FL 33613</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPA</b> <b>CORR, STEPHANIE G</b> <b>4713 W NEPTUNE STREET</b> <b>TAMPA FL 33629</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>RICHARD A. MSHARGUE</b> <b>9322 DEERCREEK DR</b> <b>TAMPA, FL 33647</b>
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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/01** **813/265-4500**  
Date Daytime Phone #

CR2E034 (10/00)