

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90059 029 ***158.75

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number **59-2916442** Applied For Not Applicable

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
State 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, 2002 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	<input type="checkbox"/> Delete
NAME	T GOINS, BONNIE
STREET ADDRESS	13928 SHADY SHORES DR.
CITY - ST - ZIP	TAMPA FL 33613
TITLE	<input type="checkbox"/> Delete
NAME	PT GOINS, ALLEN
STREET ADDRESS	13928 SHADY SHORES DRIVE
CITY - ST - ZIP	TAMPA FL 33613
TITLE	<input type="checkbox"/> Delete
NAME	S CORR, STEPHANIE G
STREET ADDRESS	4713 W NEPTUNE STREET
CITY - ST - ZIP	TAMPA FL 33629
TITLE	<input type="checkbox"/> Delete
NAME	V MCHARGUE, RICHARD A
STREET ADDRESS	9322 DEER CREEK DRIVE
CITY - ST - ZIP	TAMPA FL 33647
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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(9)(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 titles empowered.

SIGNATURE: _____ Date **4/25/02** Daytime Phone # **913/265-4500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE