

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90470 001 ***317.50

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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**



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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	GOINS, BONNIE	
STREET ADDRESS	13928 SHADY SHORES DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	GOINS, ALLEN	
STREET ADDRESS	13928 SHADY SHORES DRIVE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORR, STEPHANIE G	
STREET ADDRESS	4713 W NEPTUNE STREET	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	V	<input type="checkbox"/> Delete
NAME	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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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 16, 2003 *813 265 4500*
Date Daytime Phone #

CR2E034 (10/02)