

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90087 042 ***150.00

0471874 AV

DOCUMENT # K98694

1. Entity Name
ARGOSY, INC.

Principal Place of Business
**11585 N. QUAYSIDE DRIVE
COOPER CITY FL 33026**

Mailing Address
**11585 N. QUAYSIDE DRIVE
COOPER CITY FL 33026**

2. Principal Place of Business
2828 S. Driftwood Ct.

3. Mailing Address
2828 S. Driftwood Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
AVON PARK, Florida

City & State
AVON PARK Florida

4. FEI Number **65-0132158**

Applied For
Not Applicable

Zip
33825

Country
HIGHLANDS

Zip
33825

Country
Highlands

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ST. LEON, NORMAN E.
11585 N. QUAYSIDE DR.
COOPER CITY FL 33062**

7. Name and Address of New Registered Agent

Name **ST. LEON, NORMAN E.**

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

2828 S. DRIFTWOOD Ct.

City **AVON PARK**

FL

Zip Code **33825**

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 **NORMAN ST. LEON**

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

Norman St. Leon

(NOTE: Registered Agent signature required when reinstating)

4-2-02

DATE

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

TITLE **PSD**
NAME **ST. LEON, NORMAN E.**
STREET ADDRESS **11585 N. QUAYSIDE DR.**
CITY-ST-ZIP **COOPER CITY FL**

☐ Delete

TITLE **VTD**
NAME **ST. LEON, SONYA**
STREET ADDRESS **11585 N. QUAYSIDE DR.**
CITY-ST-ZIP **COOPER CITY FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD**
NAME **NORMAN ST. LEON**
STREET ADDRESS **2828 S. DRIFTWOOD Ct.**
CITY-ST-ZIP **AVON PARK, FL 33825**

☒ Change ☐ Addition

TITLE **VTD**
NAME **SONYA ST. LEON**
STREET ADDRESS **2828 S DRIFTWOOD Ct.**
CITY-ST-ZIP **AVON PARK, FL 33825**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: **NORMAN ST. LEON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman St Leon **4-2-02 863-471-6438**

Date

Daytime Phone #

CR2E034 (9/01)