

2001 UNIFORM BUSINESS REPORT (UBR)

29

DOCUMENT # N00000003323

1. Entity Name

AG. MARKETING.ORG., INC.

Principal Place of Business

217 SO. ADAMS STREET
TALLAHASSEE FL 32301

Mailing Address

217 SO. ADAMS STREET
TALLAHASSEE FL 32301

FILED

01 APR 20 AM 11:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12 North Elm Street

Suite, Apt. #, etc.

City & State

Fellsmere, FL

Zip

32948

Country

US

3. Mailing Address

P.O. Box 279

Suite, Apt. #, etc.

City & State

Fellsmere, FL

Zip

32948

Country

US

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, TOM
217 SO. ADAMS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name Tim Franklin, Esq.

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

225 South Adams Street, Suite 200

Gallies Hall

City

Tallahassee

FL

Zip Code
32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PVST ☒ Delete
NAME ADAMS, TOM
STREET ADDRESS 217 SO. ADAMS STREET
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PVST ☐ Change ☒ Addition
NAME Adams, Tom
STREET ADDRESS 12 North Elm Street
CITY-ST-ZIP Fellsmere, FL 32948

TITLE D ☐ Change ☒ Addition
NAME John Thompson
STREET ADDRESS 2300 3rd Court
CITY-ST-ZIP Vero Beach, FL 32960

TITLE D ☐ Change ☒ Addition
NAME Christal J. Lewis
STREET ADDRESS 26007 Orange Avenue
CITY-ST-ZIP Fort Pierce, FL 34956

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 617, 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:

TOM ADAMS

4/20/01

561-571-0577

CR2E037 (10/00)