

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N98000002640

1. Entity Name

AGAMA PATH, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

04-26-2000 90097 028 ****61.25

Principal Place of Business Mailing Address
14 S. SWINTON AVE. 14 S. SWINTON AVE.
DELRAY BEACH FL 33444 DELRAY BEACH FL 33444-3654

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



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ROMANO, RODNEY G
14 S. SWINTON AVE.
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name SMITHER, ROBERT M. JR
Street Address (P.O. Box Number is Not Acceptable) 14 S. SWINTON AVE.
City DELRAY BEACH FL Zip Code 33444

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 ROBERT M. SMITHER, JR. D/R 4/21/00
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 | D | <input type="checkbox"/> Delete |
| NAME | WORRELL, THOMAS E JR | |
| STREET ADDRESS | 14 S. SWINTON AVE. | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITHER, ROBERT M JR | |
| STREET ADDRESS | 14 S. SWINTON AVE. | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ROMANO, RODNEY G | |
| STREET ADDRESS | 14 S. SWINTON AVE. | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 | |
| 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"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SAN MARTIN, MARTA E. | |
| STREET ADDRESS | 14 S. SWINTON AVE | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33444 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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)(f), 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: ROBERT M. SMITHER, JR. 4/21/00 (561) 243-2400
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)