

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90145 039 *****61.25

DOCUMENT # N98000002640

1. Entity Name

AGAMA PATH, INC.



Principal Place of Business

**14 S. SWINTON AVE.
DELRAY BEACH FL 33444**

Mailing Address

**14 S. SWINTON AVE.
DELRAY BEACH FL 33444**

2. Principal Place of Business

255 NR 6TH AVE

3. Mailing Address

255 NR 6TH AVE

Suite, Apt. #, etc.

DELRAY BEACH, FL

Suite, Apt. #, etc.

DELRAY BEACH, FL

City & State

City & State

Zip

33483

Country

USA

Zip

33483

Country

USA

☒ CHECK HERE IF MAKING CHANGES

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

**SMITHER, ROBERT M JR
14 S. SWINTON AVE.
DELRAY BEACH FL 33444**

7. Name and Address of New Registered Agent

Name

WINTZER, WILLIAM R

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

255 NR 6TH AVE

City

DELRAY BEACH

FL

Zip Code

33421

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

William R. Wintzer **WILLIAM R. WINTZER AT**

4/14/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORRELL, THOMAS E JR 14 S. SWINTON AVE. DELRAY BEACH FL 33444 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITHER, ROBERT M JR 14 S. SWINTON AVE. DELRAY BEACH FL 33444	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGEE, WILLIAM 1308 WORTHFIELD STREET GREENSBORO NC 27403	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOODYKAR, HINGKLY 255 NR 6TH AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SAN MARTIN, MARTA 255 NR 6TH AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WINTZER, WILLIAM R. 255 NR 6TH AVE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William R. Wintzer* **WILLIAM R. WINTZER 4/14/03 (561)243-2400**

CR2E037 (10/02)