

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

0472369 AV

DOCUMENT # P00000033858

1. Entity Name
AGNER CONSTRUCTION COMPANY

03-28-2002 90139 028 ***150.00

Principal Place of Business

296 U.S. HWY 17 N.
BARTOW FL 33830

Mailing Address

296 U.S. HWY 17 N.
BARTOW FL 33830

2. Principal Place of Business

290 Hwy 17 North

Suite, Apt. #, etc.

3. Mailing Address

290 Hwy 17 North

Suite, Apt. #, etc.

City & State

Bartow

Zip

FL

Country

USA

City & State

Bartow

Zip

33830

Country

USA

4. FEI Number

59-3658803

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORRELL, EDUARDO F ESQ
500 S. FLORIDA AVE., STE. 210
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name Daniel Preston Agner

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

290 Hwy 17 North

City

Bartow

FL

Zip Code

33830

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 of Daniel P. Agner]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/02

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 D Pres.
NAME AGNER, DANIEL P
STREET ADDRESS 290 U.S. HWY 17 N. 290 Hwy 17 North
CITY-ST-ZIP BARTOW FL 33830

☐ Delete

TITLE ~~Sec. + Tres.~~
NAME Laura Agner
STREET ADDRESS 290 Hwy 17 N.
CITY-ST-ZIP Bartow, FL 33830

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

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TITLE
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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:

[Signature of Daniel P. Agner]

1/7/02

863 533 7955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)