

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name 00000036504

AGORANET, INC.

Principal Place of Business

Mailing Address

1377 5th Street  
Sarasota, FL 34236

1377 5th Street  
Sarasota, FL 34236

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1527 2nd Street

Suite, Apt. #, etc.

City & State  
Sarasota, Florida

Zip  
34236

Country  
U.S.A.

4. FEI Number  
65-1001322

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

Mohammed, Asim  
1377 5th Street  
Sarasota, FL 34236

7. Name and Address of New Registered Agent

Name  
Johnson S. Savary, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
22 South Links Ave., Suite 300  
City  
Sarasota, FL Zip Code  
34236

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

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, 2001 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	<input type="checkbox"/> Delete
NAME	Hoyt, Gary B.	
STREET ADDRESS	1377 5th Street	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	Mohammed, Asim	
STREET ADDRESS	1377 5th Street	
CITY-ST-ZIP	Sarasota, FL 34236	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoyt, Gary B.	
STREET ADDRESS	1527 2nd Street	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mohammed, Asim	
STREET ADDRESS	1377 5th Street	
CITY-ST-ZIP	Sarasota, FL 34236	
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		

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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary B. Hoyt

6/5/01

941-366-8066

Chairman & Director

Daytime Phone #

APPROVED  
AND  
FILED

pg 182

01 JUN -8 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200004419012--0

-06/14/01--01011--012

\*\*\*\*150.00 \*\*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

Pg 282

**AGORANET, INC.**  
**Principal Address**  
**1377 - 5<sup>th</sup> Street**  
**Sarasota, FL 34236**

June 5, 2001

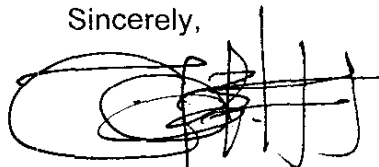
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

I did not receive the 2001 UBR Report for AGORANET, INC., Reference Number P00000036504. I was told by your office to request a waiver of the \$400.00 Penalty Fee with the understanding that this would be the only waiver allowed.

I am enclosing the 2001 UBR Report with a check in the amount of \$150.00. I appreciate your help in this matter.

Sincerely,

A handwritten signature in black ink, appearing to be "Gary B. Hoyt", with a large, stylized "H" and "Y" that loops back.

Gary B. Hoyt  
Chairman and Director

CCRS  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: CINDY HICKS  
DATE: 6-8-01  
REF. #: 0399. 16646  
CORP. NAME: Agoronet, Inc

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input checked="" type="checkbox"/> REINSTATEMENT    | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                   |
| <input type="checkbox"/> OTHER: _____                |   |  |

STATE FEES PREPAID WITH CHECK# \_\_\_\_\_ FOR \$ \_\_\_\_\_

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_  
COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials *WJ*

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 JUN 18 AM 10:12  
FILED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING