

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90021 002 \*\*\*150.00

05345/4

**DOCUMENT # P00000044186**

1. Entity Name

**AG & I CUTTING TOOLS OF FLORIDA, INC.**

Principal Place of Business

2673 N.E. NINTH AVE  
 CAPE CORAL FL 33909

Mailing Address

2673 N.E. NINTH AVE  
 CAPE CORAL FL 33909

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1003659**

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

7. Name and Address of New Registered Agent

**FLISS, THOMAS A**  
**2673 N.E. NINTH AVE**  
**CAPE CORAL FL 33909**

Name

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

City

**FL**

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>FLISS, THOMAS A</b>                   |
| STREET ADDRESS | <b>2673 N.E. NINTH AVE</b>               |
| CITY-ST-ZIP    | <b>CAPE CORAL FL 33909</b>               |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>FLISS, LINDA S</b>                    |
| STREET ADDRESS | <b>2673 N.E. NINTH AVE</b>               |
| CITY-ST-ZIP    | <b>CAPE CORAL FL 33909</b>               |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>GRABOW, TOD</b>                       |
| STREET ADDRESS | <b>2673 N.E. NINTH AVE</b>               |
| CITY-ST-ZIP    | <b>CAPE CORAL FL 33909</b>               |
| TITLE          | <input type="checkbox"/> Delete          |
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| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS A. FLISS** 4/11/01  
 Date

941-573-5132  
 Daytime Phone #

CR2E034 (10/00)