

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90009 017 \*\*\*150.00

0507313 AV

**DOCUMENT # P00000049478**

1. Entity Name  
**AGIR (FLORIDA) INC.**

Principal Place of Business  
**TRAUTE GENTRY AMER. EURO. REAL. INC**  
**205 N COLLIER BLVD**  
**MARCO ISLAND FL 34145**

Mailing Address  
~~TRAUTE GENTRY AMER. EURO. REAL. INC~~  
~~205 N COLLIER BLVD~~  
**MARCO ISLAND FL 34145**

2. Principal Place of Business  
**LANGER**  
 Suite, Apt. #, etc.  
**1410 QUINTARA Ct.**  
 City & State

3. Mailing Address  
**MARCO ISLAND**  
 Suite, Apt. #, etc.  
**1410 QUINTARA Court**  
 City & State



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  
~~TRAUTE GENTRY, TRAUTE~~ **LANGER GUSTAV F.**  
~~TRAUTE GENTRY AMERICAN EUROPEAN REALTY INC~~  
~~205 N COLLIER BLVD~~ **1410 QUINTARA Court**  
~~MARCO ISLAND FL 34145~~ **MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent  
 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 (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 ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)