

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90231 039 ***150.00

DOCUMENT # P00000082209

1. Entity Name

AG MARKETING, INC.

Principal Place of Business

**2120 WHITEWOOD CT
 ORLANDO FL 32837**

Mailing Address

**2120 WHITEWOOD CT
 ORLANDO FL 32837**

2. Principal Place of Business

195 North Lake Court

3. Mailing Address

195 North Lake Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee Florida

City & State

Kissimmee FL

4. FEI Number

52-2260758

Applied For

Not Applicable

Zip

34743

Country

USA

Zip

34743

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEAVITT, APRIL
 2120 WHITEWOOD CT
 ORLANDO FL 32837**

Name

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

195 North Lake Court

City

Kissimmee

FL

Zip Code

34743

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

April Leavitt, President

2-6-2001

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 **D** ☐ Delete
 NAME **LEAVITT, APRIL**
 STREET ADDRESS **2120 WHITEWOOD CT**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D.P** ☒ Change ☐ Addition
 NAME **195 North Lake Court**
 STREET ADDRESS **Kissimmee FL 34743**
 CITY-ST-ZIP **FL 34743**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 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

April Leavitt

Date

2-6-2001

Daytime Phone #

4073445566

CR2E034 (10/00)