

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-06-2002 90129 003 ***550.00

DOCUMENT # P01000030449

1. Entity Name

AMERGON CORPORATION

Principal Place of Business

703 W SWANN AVE
TAMPA FL 33606

Mailing Address

703 W SWANN AVE
TAMPA FL 33606

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

59-3708841

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SIERRA, MICHAEL
703 W SWANN AVE
TAMPA FL 33606

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

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, 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	DPST	<input type="checkbox"/> Delete
NAME	SIERRA, MICHAEL	
STREET ADDRESS	703 W SWANN AVE	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	FRANCISCO GONZALEZ, JR	<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		

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAUSTINO GONZALEZ, JR	
STREET ADDRESS	33011 OLD ST. JOE ROAD	
CITY-ST-ZIP	DADE CITY, FL 33525	

TITLE	VST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMEN GONZALEZ	
STREET ADDRESS	33011 OLD ST. JOE ROAD	
CITY-ST-ZIP	DADE CITY, FL 33525	

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 all other like empowered.

SIGNATURE:

FAUSTINO GONZALEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/02

813 876 1837

Date

Daytime Phone #

CR2E034 (9/01)