

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90350 024 ***150.00

DOCUMENT # P01000081950

1. Entity Name

AGNEW CONSTRUCTION SERVICES AND SYSTEMS, INC.

Principal Place of Business

**810 E. LA RUA ST.
PENSACOLA FL 32501**

Mailing Address

**810 E. LA RUA ST.
PENSACOLA FL 32501**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3960 W. Navy Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite 41

City & State

Pensacola FL

City & State

4. FEI Number

59-3742254

Applied For

Not Applicable

Zip

Country

32507

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROARK, DONALD A
1101 GULF BREEZE PKWY., STE. 119
GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent

Name

Daniel P. Agnew

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

810 E. La Rua St

City

Pensacola, FL

FL

Zip Code

32501

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-02

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	D/P/S/T	<input type="checkbox"/> Delete
NAME	AGNEW, DANIEL P	
STREET ADDRESS	810 E. LA RUA ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

4-2-02

(850) 458-4900

Date

Daytime Phone #

CR2E034 (9/01)