

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91388 043 \*\*\*150.00

DOCUMENT # P01000115115

1. Entity Name

AGNER INVESTMENT COMPANY

Principal Place of Business

37742 COLEMAN AVE.  
DADE CITY FL 33525

Mailing Address

37742 COLEMAN AVE.  
DADE CITY FL 33525

2. Principal Place of Business

37742 Coleman Ave

3. Mailing Address

37742 Coleman Ave

Suite, Apt. #, etc.

Dade City

Suite, Apt. #, etc.

Dade City

City &amp; State

FL 33525

City &amp; State

FL 33525

Zip

Country

Pascu

Zip

Country

Pascu

4. FEI Number

65-1158419

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORRELL, EDUARDO F  
500 S. FLORIDA AVE., STE. 330  
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name: William M Agner  
 Street Address (P.O. Box Number is Not Acceptable):  
 37742 Coleman Ave  
 Dade City FL 33525  
 City: Dade City FL Zip Code: FL

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)

3/20/2002

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	AGNER, WILLIAM M	37742 COLEMAN AVE. DADE CITY FL 33525	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

3/20/2002

Day

Daytime Phone

CR2034 (9/01)