

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90143 031 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

11030170



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

14132 18th CT
Suite, Apt. #, etc.

3. Mailing Address

14132 18th CT
Suite, Apt. #, etc.

City & State

DADE City FLA

City & State

DADE City FLA

4. FEI Number

65-1158419

Applied For

Not Applicable

Zip

33525

Country

USA

Zip

33525

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AGNER, WILLIAM M
37742 COLEMAN AVENUE
DADE CITY, FL 33525

7. Name and Address of New Registered Agent

Name

AGNER, William M

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

14132 18th CT

City

DADE City

FL

Zip Code

33525

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

William M Agner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 28, 2003

DATE

FILE NOW! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME AGNER, WILLIAM M
STREET ADDRESS 37742 COLEMAN AVE. 14132 18th CT
CITY-ST-ZIP DADE CITY, FL 33525 PST

TITLE ☐ Delete
NAME YVONNE S AGNER V.P.
STREET ADDRESS 14132 18th CT
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William M Agner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2003

DATE

Daytime Phone #

CR2E034 (10/02)