

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90049 033 ***150.00

DOCUMENT # P02000029741

1. Entity Name

AGC SQUARED, INC.



Principal Place of Business
735 NE 3 AVE
FT LAUDERDALE FL 33304

Mailing Address
735 NE 3 AVE
FT LAUDERDALE FL 33304



MOORE CR2E034 (11/03)

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

41-2032264

Applied For

Not Applicable

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

TUCKER, WILLIAM D ESQ
735 NE 3 AVE
FT LAUDERDALE FL 33304

Name

Street Address (Post Office Box Number is Not Acceptable)

NEW ADDRESS:
718 N.E. 2ND AVENUE

City **FORT LAUDERALE, FL 33304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete
NAME MCGUINNESS, LAWERENCE J
STREET ADDRESS 782 LEJUNE RD, STE 350
CITY-ST-ZIP MIAMI FL 33126

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

TITLE CEO ☐ Delete
NAME TUCKER, WILLIAM D
STREET ADDRESS 735 NE 3 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE ☒ Change ☐ Addition
NAME **NEW ADDRESS:**
STREET ADDRESS **718 N.E. 2ND AVENUE**
CITY-ST-ZIP **FORT LAUDERALE, FL 33304**

TITLE TD ☐ Delete
NAME TUCKER, WILLIAM D
STREET ADDRESS 735 NE 3 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE ☒ Change ☐ Addition
NAME **NEW ADDRESS:**
STREET ADDRESS **718 N.E. 2ND AVENUE**
CITY-ST-ZIP **FORT LAUDERALE, FL 33304**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #