


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

DOCUMENT # <u>PO2 0000 73014</u>			
1. Entity Name <u>Agarosc Unlimited, Inc.</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>15002 N.W. 145TH Terr.</u>		3. Mailing Address <u>P.O. Box 817</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Alachua, FL</u>		City & State <u>Alachua, FL</u>	
Zip <u>32615</u>		Zip <u>32616</u>	
Country <u>U.S.A.</u>		Country <u>U.S.A.</u>	
4. FEI Number <u>03-0477746</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		55045135	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name <u>Saxon, Jr. Cole L.</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>15002 N.W. 145 Terrace</u>			
City <u>Alachua</u> FL Zip Code <u>32616</u>			
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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>CEO</u> <u>Saxon, Cole L. Jr.</u> <u>15002 N.W. 145TH Terr.</u> <u>Alachua, FL 32615</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>President</u> <u>Clyde T. Pfeiffer</u> <u>707 N.W. 13TH ST.</u> <u>Gainesville, FL 32601</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u>		Date <u>5/25/03</u> Daytime Phone # <u>386 462-2480</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/02)