

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

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

04-30-2003 90142 010 ***150.00

DOCUMENT # PO2000110913 ✓

1. Entity Name

Agnes, Lewis & Zitani, Chartered



DO NOT WRITE IN THIS SPACE

11030141

2. Principal Place of Business

4046 Sawyer Rd SreD

3. Mailing Address

4046 Sawyer Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sre D

DO NOT WRITE IN THIS SPACE

City & State

Sarasota FL

City & State

Sarasota

4. FEI Number

56-2301190

Applied For

Not Applicable

Zip

34233

Country

U.S.

Zip

34233

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

America Borza

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

2105 McIntosh Rd.

City

Sarasota

FL

Zip Code

34232

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<u>President</u>
NAME	<u>Phil Agnes</u>
STREET ADDRESS	<u>3336 Higel Ave</u>
CITY-ST-ZIP	<u>Sarasota FL 34242</u>
TITLE	<u>V.P. Phil Agnes</u>
NAME	<u>Phil Agnes</u>
STREET ADDRESS	<u>3336 Higel Ave</u>
CITY-ST-ZIP	<u>Sarasota FL 34242</u>
TITLE	<u>Sec/Treasurer</u>
NAME	<u>Phil Agnes</u>
STREET ADDRESS	<u>3336 Higel Ave</u>
CITY-ST-ZIP	<u>Sarasota FL 34242</u>
TITLE	<u>Director</u>
NAME	<u>Phil Agnes</u>
STREET ADDRESS	<u>3336 Higel Ave</u>
CITY-ST-ZIP	<u>Sarasota FL 34242</u>
TITLE	
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STREET ADDRESS	
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**DO NOT WRITE
IN THIS SPACE**

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: Phil Agnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phil Agnes

4-29-03

Date

9415520373

Daytime Phone #

CR2E034B (12/02)