## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

STE 119

10251 METRO PARKWAY

## DOCUMENT # P93000048861

Principal Place of Business

10251 METRO PARKWAY

**STE 119** 

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE NAME

ADVANCED GEO-MATERIALS SERVICES, INC.

FT MYERS FL 33912-1010 FT. MYERS FL 33912 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 65-0422739 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DORAGH, PETE Street Address (P.O. Box Number is Not Acceptable) 9400 GLADIOLUS DRIVE **SUITE 270** FORT MYERS FL 33908 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PS** Change Addition ☐ Delete TITLE TITLE CROMER, EARL S NAME NAME 10251 METRO PKWY 119 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FOR MYERS FL 33912 ☐ Change Addition ☐ Delete TITLE QUINNELL, ARTHUR C NAME STREET ADDRESS 10251 METRO PKWY 119 STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP FOR MYERS FL 33912 ☐ Change Addition Delete TITLE CROMER, CAMILLE NAME NAME STREET ADDRESS 10251 METRO PKWY 119 STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP FORT MYERS FL 33912 Change Addition **EVPT** ☐ Delete TITLE TITLE CROMER, CAMILLE NAME NAME STREET ADDRESS 10251 METRO PKWY 119 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT MEYERS FL 33912 ☐ Change Addition ☐ Delete TITLE TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

TITLE

NAME STREET ADDRESS

☐ Delete

changed, or on an attachment with an address, with all other like empowered.

**FILED** 

03-03-2000 90233 022 \*\*\*150.00

Mar 03, 2000 8:00 am Secretary of State

☐ Change

☐ Addition