

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000066614**

1. Entity Name
A.G.S. & ASSOCIATES, INC.

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90056 043 ***150.00

Principal Place of Business **3055 NW 203RD LANE MIAMI FL 33055**
Mailing Address **3055 NW 203RD LANE MIAMI FL 33055**



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **4. FEI Number**

City & State **5. Certificate of Status Desired**

Zip **6. Name and Address of Current Registered Agent**

**SAWYER, AGATHA G
3055 NW 203RD LANE
MIAMI FL 33056**

DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

\$8.75 Additional

Fee Required

7. Name and Address of New Registered Agent

Name **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.**

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

City **FL** Zip Code

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State** **10. Election Campaign Financing Trust Fund Contribution.** **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAWYER, AGATHA G 3055 NW 203RD LANE MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHERMAN, KIM 3055 NW 203RD LANE MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HENFIELD, CARLOS 3055 NW 203RD LANE MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Agatha G Sawyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 3056217624

Date

Daytime Phone #