

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90138 048 ***150.00

DOCUMENT # P93000074869

1. Entity Name

AGOSTO ASSEMBLERS, INC

Principal Place of Business

Mailing Address

5651 COMMERCE DR
 UNIT 6
 ORLANDO FL 32839
 US

5651 COMMERCE DR.
 UNIT 6
 ORLANDO FL 32839
 US

2. Principal Place of Business

189 Jamaica Lane

Suite, Apt. #, etc.

3. Mailing Address

189 Jamaica Lane

Suite, Apt. #, etc.

City & State

Orlando, F.L

City & State

Orlando, FL

4. FEI Number

59-3202255

Applied For

Not Applicable

Zip

Country

32839

USA

Zip

Country

32839

USA

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

AGOSTO, MICHAEL A
5651 COMMERCE DR. UNIT 6
ORLANDO FL 32839

Name

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

189 Jamaica Lane

City

Orlando

FL

Zip Code

32839

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

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. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **PD** ☐ Delete
 NAME **AGOSTO, MICHAEL A**
 STREET ADDRESS **5651 COMMERCE DR, UNIT 6**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☐ Addition
 NAME **189 Jamaica Lane**
 STREET ADDRESS **Orlando, FL**
 CITY-ST-ZIP **32839**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/01

Daytime Phone #

407-851-2282

CR2E034 (10/00)