

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000091015

FILED  
Apr 17, 2002 8:00 AM  
Secretary of State

Entity Name: AGW, INC.

## Current Principal Place of Business:

729 MELLOWOOD AVENUE  
ORLANDO, FL 328258057

## New Principal Place of Business:

729 MELLOWOOD AVENUE  
ORLANDO, FL 328258057

## Current Mailing Address:

729 MELLOWOOD AVENUE  
ORLANDO, FL 328258057

## New Mailing Address:

729 MELLOWOOD AVENUE  
ORLANDO, FL 328258057

FEI Number: 59-3283091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHRITTON, CHARLES P  
5300 SOUTH FLORIDA AVE.  
LAKELAND, FL 33813 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP (X) Delete  
Name: WENDEL, ALBERT G  
Address: 6782 S. PINEBRANCH PT.  
City-St-Zip: HOMOSASSA, FL 34448

Title: PT ( ) Delete  
Name: LABBE, DAVID R  
Address: 729 MELLOWOOD AVE  
City-St-Zip: ORLANDO, FL 32825

Title: S ( ) Delete  
Name: LABBE, CHERYL L  
Address: 729 MELLOWOOD AVE  
City-St-Zip: ORLANDO, FL 32825

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P?T (X) Change ( ) Addition  
Name: LABBE, DAVID R  
Address: 729 MELLOWOOD AVE  
City-St-Zip: ORLANDO, FL 32825

Title: VP/S (X) Change ( ) Addition  
Name: LABBE, CHERYL L  
Address: 729 MELLOWOOD AVE  
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL L. LABBE

VP/S

04/17/2002

Electronic Signature of Signing Officer or Director

Date