

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P95000019314**1. Entity Name  
A-GG & SONS'S INC.

## Principal Place of Business

## Mailing Address

TULIP LANE

P.O. BOX 475

BIG PINE KEY  
33043

FL

BIG PINE KEY  
33043

US

FL

## 2. Principal Place of Business

27367 CAYMAN LN.

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

## City &amp; State

RAMROD KEY

FL

## City &amp; State

Zip  
33042

Country

Zip

Country

## 4. FEI Number

65-0562651

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

GRAY GARRY L  
29196 TULIP LN.BIG PINE KEY  
33043

US

FL

## 7. Name and Address of New Registered Agent

## Name

GRAY GARRY L

Street Address (P.O. Box Number is Not Acceptable)  
27367 CAYMAN LN.

## City

RAMROD KEY

FL

Zip Code  
33042

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)

02/24/2001

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	CLEVE SANDIS	
STREET ADDRESS	610 WILDER RD.	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY GARRY L	
STREET ADDRESS	29196 TULIP LANE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDS CLEVE E	
STREET ADDRESS	610 WILDER RD.	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY GARRY L	
STREET ADDRESS	27367 CAYMAN LN.	
CITY-ST-ZIP	RAMROD KEY FL 33042	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Garry L. Gray

D

02/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)