

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033527

1. Entity Name

A.G. PRENTICE REALTY, INC.

FILED

Feb 04, 2000 8:00 am  
Secretary of State

02-04-2000 90070 033 \*\*\*150.00

Principal Place of Business

Mailing Address

4402 SOUTHWINDS  
DESTIN FL 32541  
US

% UZZO & COMPANY, C.P.A.'S P.C.  
287 BOWMAN AVENUE  
PURCHASE NY 10577-2517

2. Principal Place of Business  
4402 Southwinds

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Destin, Florida

City & State

4. FEI Number  
13-3834526

Applied For  
Not Applicable

Zip  
32541

Country  
U.S.A.

Zip

Country

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

VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DRIVE  
SUITE 500  
W PALM BEACH FL 33401

Name

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

City

FL

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

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, 2000 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 D ☐ Delete  
NAME GRIKITIS, ANDRE  
STREET ADDRESS 1711 PALMER AVE.  
CITY-ST-ZIP NEW ORLEANS LA 70115

TITLE ☒ Change ☐ Addition  
NAME Grikitis, Andre  
STREET ADDRESS 908 ST. LOUIS  
CITY-ST-ZIP NEW ORLEANS, LA 70112

TITLE D ☐ Delete  
NAME GRIKITIS, ELINOR P  
STREET ADDRESS 1711 PALMER AVE.  
CITY-ST-ZIP NEW ORLEANS LA 70115

TITLE ☒ Change ☐ Addition  
NAME Grikitis, Elinor P.  
STREET ADDRESS 908 ST. LOUIS  
CITY-ST-ZIP NEW ORLEANS, LA 70112

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)