

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90565 044 \*\*\*150.00

**DOCUMENT # P95000072333**

1. Entity Name

**AGT-COMMUNICATIONS INC.**

Principal Place of Business

Mailing Address

2623 GRAND BLVD  
 SUITE 316  
 HOLIDAY FL 34690  
 US

2623 GRAND BLVD  
 STE 316  
 HOLIDAY FL 34690-3003  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3341800**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AGIN, LANCE**  
**3716 CHERRYWOOD DRIVE CHERRYWOOD DR.**  
**HOLIDAY FL 34691**

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: *Lance Agin* *Lance A Agin* *President* DATE: *4/1/00*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>P</b>	<input type="checkbox"/> Delete			
	<b>AGIN, LANCE</b>	<b>3716 CHERRYWOOD DR.</b>	<b>HOLIDAY FL 34691</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>ST</b>	<input type="checkbox"/> Delete			
	<b>GARONE, STEVEN</b>	<b>2142 TELOGIA COURT</b>	<b>HOLIDAY FL 34690</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Delete			
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Lance Agin* *Lance A Agin* *President* DATE: *4/1/00* 727-938-6508  
Signature and Type or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/99)