

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90207 018 ***150.00

DOCUMENT # P95000092733

1. Entity Name

AGTRAN BROKERAGE, INC.

Principal Place of Business

**14141 RIVER RD
 FT MYERS FL 33905**

Mailing Address

**14141 RIVER RD
 FT MYERS FL 33905**

2. Principal Place of Business

17180 Frank Rd

Suite, Apt. #, etc.

3. Mailing Address

17180 Frank Rd

Suite, Apt. #, etc.

City & State

Alva FL

City & State

Alva FL

4. FEI Number

65-0632545

Applied For

Not Applicable

Zip

33920

Country

USA

Zip

33920

Country

USA

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

6. Name and Address of Current Registered Agent

**BOLTON, ROBERT
 14141 RIVER RD
 FT MYERS FL 33905**

7. Name and Address of New Registered Agent

Name

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

17180 Frank Rd

City

Alva

FL

Zip Code

33920

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, 2002 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 ☐ Delete
 NAME **D BOLTON, ROBERT**
 STREET ADDRESS **14141 RIVER RD**
 CITY-ST-ZIP **FT MYERS FL 33905**

TITLE ☐ Delete
 NAME **D BOLTON, CANDICE**
 STREET ADDRESS **14141 RIVER RD**
 CITY-ST-ZIP **FT MYERS FL 33905**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **17180 Frank Rd**
 CITY-ST-ZIP **Alva FL 33920**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **17180 Frank Rd**
 CITY-ST-ZIP **Alva FL 33920**

TITLE ☐ Change ☐ Addition
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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: *Candice Bolton* **SIGNATURE REQUIRED** *Candice Bolton* **1-22-02** **941 643 8599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)