

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092740

1. Entity Name

ASSOCIATED AG SERVICES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90108 031 ***150.00

Principal Place of Business

Mailing Address

3420 HIBISCUS PLACE
MIRAMAR FL 33023

P.O. BOX 4706
HOLLYWOOD FL 33083-4706
US

2. Principal Place of Business

3919 LEAF RD

3. Mailing Address

3919 LEAF RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING FL

City & State

SEBRING FL

4. FEI Number

65-0628101

Applied For

Not Applicable

Zip

33872

Country

HIGHLANDS

Zip

33872

Country

HIGHLANDS

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

SILLMAN, MAXINE
3420 HIBISCUS PLACE
MIRAMAR FL 33023

Name

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

3919 LEAF RD

City

SEBRING

FL

Zip Code

33872

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 P ☐ Delete
NAME SILLMAN, HAROLD
STREET ADDRESS 3420 HIBISCUS PLACE
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3919 LEAF RD
CITY-ST-ZIP SEBRING FL 33872

TITLE S ☐ Delete
NAME SILLMAN, MAXINE
STREET ADDRESS 3420 HIBISCUS PLACE
CITY-ST-ZIP MIRAMAR FL 33023

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3919 LEAF RD
CITY-ST-ZIP SEBRING FL 33872

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Harold Sillman HAROLD SILLMAN

4/22/00 863 385 2134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)