

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90123 031 ***150.00

DOCUMENT # P96000025508

1. Entity Name
ARGENT MANAGEMENT COMPANY

Principal Place of Business
11300 U.S. HWY ONE
STE. 400
NORTH PALM BEACH FL 33408
US

Mailing Address
P.O. BOX 31848
PALM BEACH GARDENS FL 33420
US



2. Principal Place of Business
7916 Links Way
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 880009
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port St Lucie W
Zip
34986
Country
St Lucie

City & State
Port St Lucie W
Zip
34988
Country
St Lucie

4. FEI Number **65-0659418**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOWARD, PATSY J
7394 PINE CREEK WAY
PORT SAINT LUCIE FL 34986

7. Name and Address of New Registered Agent

Name **Howard, Patsy J.**
Street Address (P.O. Box Number is Not Acceptable)
7916 Links Way
Port Saint Lucie FL 34986
City **Port Saint Lucie** **FL** **Zip Code** **34986**

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 Patsy J. Howard Patsy J. Howard 2/1/02
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **CS** ☐ **Delete**
NAME **HOWARD, PATSY J**
STREET ADDRESS **7394 PINE CREEK WAY**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE **PT** ☐ **Delete**
NAME **HOWARD, JOE L**
STREET ADDRESS **7394 PINE CREEK WAY**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34986**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **CS** ☒ **Change** ☐ **Addition**
NAME **Howard, Patsy J.**
STREET ADDRESS **7916 Links Way**
CITY-ST-ZIP **Port St Lucie FL 34986**

TITLE **PT** ☒ **Change** ☐ **Addition**
NAME **Howard, Joe L.**
STREET ADDRESS **7916 Links Way**
CITY-ST-ZIP **Port St Lucie FL 34986**

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
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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: Patsy J. Howard 2/1/02 561-429-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)