

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000083074

1. Entity Name

AGS DEVELOPMENT & CONSTRUCTION, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90215 045 ***150.00

Principal Place of Business

Mailing Address

686 HWY. 90 WEST
DEFUNIAK SPRINGS FL 32433-1451
US

686 HWY. 90 WEST
DEFUNIAK SPRINGS FL 32433
US

2. Principal Place of Business

3. Mailing Address

2188 BAY GROVE RD.
Suite, Apt. #, etc.

PO BOX 1044
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FREEPORT, FL

City & State
FREEPORT, FL

4. FEI Number 59-3404586

Applied For
Not Applicable

Zip 32439

Country US

Zip 32439

Country US

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

LAIRD, HARRY A III
686 HWY. 90 WEST
DEFUNIAK SPRINGS FL 32433

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
NAME HOLMES, GARY R
STREET ADDRESS 503 VIA INTERNACIONAL
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☒ Delete

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

TITLE D
NAME HOLMES, SUSAN H
STREET ADDRESS 503 VIA INTERNACIONAL
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433 ☐ Delete

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

TITLE D
NAME LAIRD, HARRY A III
STREET ADDRESS 96 TRAE LANE
CITY-ST-ZIP SEAGROVE BEACH FL 32459 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-2000 850-835-4410

CR2E034 (\$99)