

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91169 017 ***150.00

DOCUMENT # **P96000083074**

1. Entity Name
AGS INC

Principal Place of Business

Mailing Address

**2188 BAY GROVE ROAD
 FREEPORT, FL. 32439**

771284

2. Principal Place of Business

3. Mailing Address

P.O. BOX 1044

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FREEPORT, FL

4. FEI Number

59-3404586

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

32439

FLA

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

**HARRY A. LAIRD III
 2188 BAY GROVE ROAD
 FREEPORT, FL. 32439**

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!!!
After MAY 1, 2001
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, SUSAN, H** ☐ Delete
 STREET ADDRESS **503 VIA INTERNATIONAL**
 CITY-ST-ZIP **DEERFIELD SPRINGS, FL 32433**

TITLE **D** NAME **HARVELL, SUSAN H** ☒ Change ☐ Addition
 STREET ADDRESS **686 HWY 90 W**
 CITY-ST-ZIP **DEERFIELD SPRINGS, FL. 32433**

TITLE **D** NAME **LAIRD, HARRY A III** ☐ Delete
 STREET ADDRESS **96 TRAE LANE**
 CITY-ST-ZIP **SEAGROVE BEACH, FL 32439**

TITLE **D** NAME **LAIRD, HARRY A** ☒ Change ☐ Addition
 STREET ADDRESS **P.O. BOX 122**
 CITY-ST-ZIP **FREEPORT, FL. 32439**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/00)