

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY 22 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000083192**

1. Entity Name

**Agility Industries, Inc.**

Principal Place of Business  
1079 Yale Drive  
Oxford, MI 48371

Mailing Address  
1079 Yale Drive  
Oxford, MI 48371

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*[Handwritten Signature]*

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For  
☒ Not Applicable

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

Timothy B. Perenich, Esquire  
180 Alternate 19 North  
Palm Harbor, FL 34683

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, 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          | PSTD                     | <input type="checkbox"/> Delete |
| NAME           | Stephen M. Perenich      |                                 |
| STREET ADDRESS | 534 Davis Lake Drive     |                                 |
| CITY-ST-ZIP    | Oxford, MI 48371         |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | Terence A. Perenich      |                                 |
| STREET ADDRESS | 534 Davis Lake Drive     |                                 |
| CITY-ST-ZIP    | Oxford, MI 48371         |                                 |
| TITLE          | VPD                      | <input type="checkbox"/> Delete |
| NAME           | Timothy B. Perenich      |                                 |
| STREET ADDRESS | 29 North Pinellas Avenue |                                 |
| CITY-ST-ZIP    | Tarpon Springs, FL 34689 |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

|                |                                    |                                                                              |
|----------------|------------------------------------|------------------------------------------------------------------------------|
| TITLE          | PSTD                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Stephen M. Perenich                |                                                                              |
| STREET ADDRESS | 1079 Yale Drive                    |                                                                              |
| CITY-ST-ZIP    | Oxford, MI 48371                   |                                                                              |
| TITLE          | D                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Terence A. Perenich                |                                                                              |
| STREET ADDRESS | 1875 Belcher Road North, Suite 201 |                                                                              |
| CITY-ST-ZIP    | Clearwater, FL 33765               |                                                                              |
| TITLE          | VPD                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Timothy B. Perenich                |                                                                              |
| STREET ADDRESS | 180 Alternate 19 North             |                                                                              |
| CITY-ST-ZIP    | Palm Harbor, FL 34683              |                                                                              |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> 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

Timothy B. Perenich, Vice President

(727) 787-7212

April 30, 2001

Date

Daytime Phone #

CR2034 (11/00)