2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90101 028 ***150.00

DOCUMENT # P98000015211

1. Entity Name

AGENDA FAIRS, INC.

Principal Place of Business	Mailing Address
215 S. WESTSHORE BLVD. TAMPA FL 33609	215 S. WESTSHORE BLVD. TAMPA FL 33609-2540

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2307 FAIRWAY DRIVE-S	P.O. BOX 18411
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANT CITY, FL.	City & State: TAMPA, FL.
Zip: 33567 Country: USA	Zip: 33679 Country: USA

4. FEI Number 59-3492209 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~STONIKAS, DEBRA M~~
~~215 S. WESTSHORE BLVD.~~
~~TAMPA FL 33609~~

7. Name and Address of New Registered Agent

Name: JAMES S BEHAN
Street Address (P.O. Box Number is Not Acceptable): 2307 FAIRWAY DRIVE-SOUTH
City: PLANT CITY FL Zip Code 33567

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] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) James S. Behan 4-5-00 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	PS ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	STONIKAS, DEBRA M	NAME	
STREET ADDRESS	~~215 S WESTSHORE BLVD~~	STREET ADDRESS	20 BAY POINTE DRIVE
CITY-ST-ZIP	~~TAMPA FL 33609~~	CITY-ST-ZIP	BLOOMINGTON, IL. 61704
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/5/00 Date (309)662-2323 Daytime Phone #