

2000 UNIFORM BUSINESS REPORT (UBR)

3/3/81

DOCUMENT # **PA800006834**

1. Entity Name
AG SERVICE CORP **7120 PATRONIS DR**
PANAMA CITY BC

FILED
May 19, 2000 8:00 am
Secretary of State

03-08-2000 90017 012 ***150.00

Principal Place of Business
P.O. Box 18371
PANAMA CITY BEACH, FL 32417

Mailing Address
SAME

2. Principal Place of Business
P.O. Box 18371
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PANAMA CITY BEACH, FL
Zip
32417

City & State
USA
Zip
454

4. FEI Number
59-3543381
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PETER GALINSKI
7120 PATRONIS DR.
#2004
PANAMA CITY BEACH, FL 32417
PANAMA CITY BEACH, FL 32417

7. Name and Address of New Registered Agent

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 **AT. Celman** **2-3-2000**
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

TITLE PRESIDENT / DIRECTOR	☐ Delete
NAME PETER GALINSKI	
STREET ADDRESS P.O. Box 18371	
CITY-ST-ZIP PANAMA CITY BEACH, FL 32417	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
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	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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: **AT. Celman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-2000 **(850) 866-0551**

Date Daytime Phone

CR2E034 (9/99)