

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90119 031 ***150.00

DOCUMENT # P98000095905

1. Entity Name

AGT LEASING CO., INC.

Principal Place of Business

**12800 UNIVERSITY DRIVE #260
FORT MYERS FL 33907**

Mailing Address

**12800 UNIVERSITY DRIVE #260
FORT MYERS FL 33907**

2. Principal Place of Business

13451 McGregor Blvd.

3. Mailing Address

13451 McGregor Blvd.

Suite, Apt. #, etc.

Suite 27

Suite, Apt. #, etc.

Suite 27

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

65-0881783

Applied For

Not Applicable

Zip

33919

Country

Lee

Zip

33919

Country

Lee

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAASS, ROBB R

321 ROYAL POINCIANA PLAZA

PALM BEACH FL 33480

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

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, 2002 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 ☐ Delete
NAME **D**
STREET ADDRESS **TEN BROEK, ALLEN G**
CITY-ST-ZIP **12800 UNIVERSITY DRIVE #260
FORT MYERS FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **13451 McGregor Blvd., Suite 27**
CITY-ST-ZIP **Fort Myers, FL 33919**

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

TITLE ☐ Change ☐ Addition
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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:

Allen G. Ten Broek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

941-481-2011

Daytime Phone #

CR2E034 (9/01)