

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90026 017 ***150.00

DOCUMENT # **P99000016126**
 1. Entity Name
AGAMA RAT MARINE SERVICE, INC

Principal Place of Business: **780 CRESCENT DRIVE LARGO, FL 33770**
 Mailing Address: **780 CRESCENT DRIVE LARGO, FL 33770**

658534

2. Principal Place of Business: **310 14TH AVENUE S.W.**
 Suite, Apt. #, etc.

3. Mailing Address: **310 14TH AVENUE S.W.**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: **LARGO FL**
 Zip: **33770** Country: **U.S.**

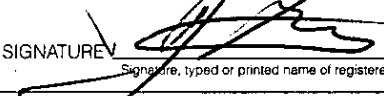
City & State: **LARGO FL**
 Zip: **33770** Country: **U.S.**

4. FEI Number: **59-3558031**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
 Name: **JAMES R RATZ**
 Street Address (P.O. Box Number is Not Acceptable): **310 14TH AVENUE S.W.**
 City: **LARGO FL** Zip Code: **33770**

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:  **4/30/01** **JAMES R. RATZ, DIR/PRES** **4/26/01**
Signature, typed or printed name of registered agent, and date 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

TITLE	D	<input type="checkbox"/> Delete
NAME	RATZ, JAMES R.	
STREET ADDRESS	780 CRESCENT DRIVE	
CITY-ST-ZIP	LARGO FL 33770	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATZ, JAMES R.	
STREET ADDRESS	310 14TH AVENUE S.W.	
CITY-ST-ZIP	LARGO FL 33770	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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, 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:  **4/30/01** **JAMES RATZ, DIR/PRES** **4/26/01** **727-539-0620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (11/00)