

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA9000048085**

1. Entity Name
A & G Home Improvement Inc

FILED

00 MAR -1 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**6803 Twelve Oaks Blvd same
Tampa, FL 33634**

2. Principal Place of Business **same** 3. Mailing Address **same**

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa FL

City & State

4. FEI Number

Applied For
 Not Applicable

Zip **33634** Country **Hillsborough**

Zip Country

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

**Corporate Creations Enterprises Inc
941 Fourth St. # 200
Miami Beach, FL 33139**

Name **Armin K. Wendt**

Street Address (P.O. Box Number is Not Acceptable)

6803 Twelve Oaks Blvd

City **Tampa**

FL

Zip Code **33634**

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 **Armin K. Wendt, Armin K. Wendt Pres** **12/30/99**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** Delete
NAME **Christian Wendt**
STREET ADDRESS **6803 Twelve Oaks Blvd**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE **President** Change Addition
NAME **Armin K. Wendt**
STREET ADDRESS **6803 Twelve Oaks Blvd**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**000003154370--5
-03/02/00--01045--003
****158.75 ****158.75**

TITLE Delete
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: **Armin K. Wendt, Pres** **12/30/99** **813-249-4118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SF 3/1/00

CR2E034 (9/99)