**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jul 18, 2001 8:00 am Secretary of State DOCUMENT # P99000048085 1. Entity Name 07-18-2001 90258 049 \*\*\*150.00 A & G HOME IMPROVEMENT, INC. Principal Place of Business Mailing Address 6803 TWELVE OAKS BLVD. 6803 TWELVE OAKS BLVD. **ACELLANDY** TAMPA FL 33634 TAMPA FL 33634 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE . City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WENDT, ARMIN K Street Address (P.O. Box Number is Not Acceptable) 6803 TWELVE OAKS BLVD. TAMPA FL 33634 Zip Code City 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (5/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME wendt, armin k NAME STREET ADDRESS STREET ADDRESS 6803 TWELVE OAKS BLVD. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete NAME NAME 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-ZIF ☐ Addition ☐ Delete NAME NAME 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-ZIE 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 of 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

Attachment 7/16/0/ Dept of State
Un. Bus. Reports 99900048
Tallaharre V.C. Document # P 99 0000 440 85 Treceived your \$500 - hill and I van shocked because last jear it nos \$150-Jealled your affice - which was very helpful-and was told to send \$150, - with our explanation for the late payment. Here is the explanation: I really did not get your first mailing, which

I we derst and goes on t in Jour. De have had problems with letters taken out of our mail boxes in this weighborhood and we vere told - not is leave letters, gaing out. I do not know how your first mail mirech me because I really try to pay and be on time: I made a note on my calender for met & Jam. to we enclosed poquent for the year.
Thank you so with for you help. Relive me - it's a struggle to heip up with theys as a small leavines of