2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # Apr 24, 2000 8:00 am Secretary of State 1. Entity Name A.G. PUBLIC WAREHOUSING, INC. 04-24-2000 90012 031 ***150.00 Principal Place of Business Mailing Address 8305 S.E. 58TH AVENUE OCALA, FLORIDA 34480 2. Principal Place of Business 3. Mailing Address 8305 STE. 58th AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3633928 City & State
OCALA, FLORIDA Not Applicable Zip 3448.0 Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARRY T. SHEVLIN, ESQ. 1111 KANE CONCOURSE Street Address (P.O. Box Number is Not Acceptable) SUITE 605 BAY HARBOR ISLANDS, FLORIDA 33154 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 . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change Addition ☐ Delete TITLE CALVIN J. MILLER NAME NAME 7000 NW 32ND AVENUE STREET ADDRESS STREET ADDRESS FLORIDA 33147 (Director & President) MIAMI, CITY-ST-ZIP CITY-ST-ZIE ☐ Addition TITLE ☐ Change ☐ Delete GEORGINA PEREZ NAME 7000 NW 32ND AVENUE STREET ADDRESS STREET ADDRESS MIAMI, FLORIDA 3314 (Director & V CITY-ST-7IP CITY-ST-ZIP Pres. ·Fil·Change Addition TITLE ☐ Delete JACK HUNTER NAME NAME 8305 S.E. 58th AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ice Pres Addition ☐ Change TITLE ☐ Delete TITLE ROBERT SAWYER NAME NAME S.E. 58TH AVENUE 8305 STREET ADDRESS STREET ADDRESS OCALA, FLORIDA 34480 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE ALLAN SUTHERLAND NAME 7000 N.W. 32ND AVENUE STREET ADDRESS STREET ADDRESS MIAMI, FLORIDA 33147 CITY-ST-ZIP CITY-ST-ZIP (Secretary & Treasurer Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.