

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100420

1. Entity Name

AGM PROPERTIES INC

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90009 044 \*\*\*550.00

A0078107



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3000 19TH AVE. SOUTH  
 ST. PETERSBURG FL 33712

Mailing Address

3000 19TH AVE. SOUTH  
 ST. PETERSBURG FL 33712

2. Principal Place of Business

3000 19th Ave. SO.

3. Mailing Address

3000 19th Ave. SO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg FL

Zip

Country

33712

USA

Zip

Country

33712

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKINNEY, GEORGE  
 3000 19TH AVE. SOUTH  
 ST. PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name  
 mckinney, George  
 Street Address (P.O. Box Number is Not Acceptable)  
 3000 19th Ave. SO.  
 City ST. Petersburg FL Zip Code 33712

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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          | D                       | <input type="checkbox"/> Delete |
| NAME           | MCKINNEY, GEORGE        |                                 |
| STREET ADDRESS | 3000 19TH AVE. SOUTH    |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33712 |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | MCKINNEY, ANGELA        |                                 |
| STREET ADDRESS | 3000 19TH AVE. SOUTH    |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33712 |                                 |
| 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"/> 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    |   |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)