

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S16174

1. Entity Name

AGC TRANSPORTATION SERVICE, INC.

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

02-15-2000 90008 012 \*\*\*150.00

Principal Place of Business

13341 SOUTHRIDGE INDUSTRIAL DR.  
P O BOX 1449  
TAVARES FL 32778

Mailing Address

13341 SOUTHRIDGE INDUSTRIAL DR.  
P O BOX 1449  
TAVARES FL 32778-1449

2. Principal Place of Business

726 Southridge Indst. Dr.

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 1449

Suite, Apt. #, etc.

City & State

Tavares FL

City & State

Tavares FL

4. FEI Number

59-3107009

Applied For

Not Applicable

Zip

32778

Country

Lake

Zip

32778

Country

Lake

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

Richard Baugh

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

726 Southridge Industrial Dr.

P. O. Box 1449

City

Tavares

FL

Zip Code  
32778

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BAUGH, RICHARD  
13341 SOUTHRIDGE IND. DR  
TAVARES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 (9/99)