

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37571

1. Entity Name

A.G.I.A., INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90015 001 ***150.00

Principal Place of Business

Mailing Address

1155 EUGENIA PLACE
CARPINTERIA CA 93013

1155 EUGENIA PLACE
CARPINTERIA CA 93013-2061

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-2409500

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

CROCKET, LAURISTON LEE
7104 FLORIDANA AVENUE
FLORIDANA BEACH FL 32951

Name

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

City

FL

Zip Code

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 PD ☐ Delete
NAME PERRY, ARTHUR L, JR.
STREET ADDRESS 6957 SHEPARD MESA RD.
CITY-ST-ZIP CARPINTERIA CA

TITLE CEO ☐ Change ☒ Addition
NAME JOHN B. WIGLE
STREET ADDRESS 4188 Foothill Rd.
CITY-ST-ZIP Carpinteria CA 93013

TITLE VP ☐ Delete
NAME PUCHMELTER, THOMAS JOHN
STREET ADDRESS 3913 CAMELLIA LANE
CITY-ST-ZIP SANTA BARBARA CA

TITLE VICE-PRESIDENT ☐ Change ☒ Addition
NAME KIMBERLY GONZALES
STREET ADDRESS 48 SANTA CRUZ
CITY-ST-ZIP CAMARILLO CA

TITLE SD ☐ Delete
NAME CAPRITTO, JULIETTE L.
STREET ADDRESS 1914 COYOTE CIRCLE
CITY-ST-ZIP SANTA BARBARA CA

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

TITLE VD ☐ Delete
NAME MCCARTY, DAVID H
STREET ADDRESS 8728 NORWOOD LANE NO
CITY-ST-ZIP MAPLE GROVE MN

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

TITLE V ☐ Delete
NAME ROTH, STEVEN J
STREET ADDRESS 5459 PALACE CRT
CITY-ST-ZIP SANTA BARBARA CA

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

TITLE V ☐ Delete
NAME WEIXEL, MARILYN L
STREET ADDRESS 5422 THRONE COURT
CITY-ST-ZIP SANTA BARBARA CA

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00

(805) 516-9191

CR2E034 (9/99)