

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY 22 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000083192**
1. Entity Name
Agility Industries, Inc.

Principal Place of Business
1079 Yale Drive
Oxford, MI 48371

Mailing Address
1079 Yale Drive
Oxford, MI 48371

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

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
Timothy B. Perenich, Esquire
180 Alternate 19 North
Palm Harbor, FL 34683

7. Name and Address of New Registered Agent
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 _____ (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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

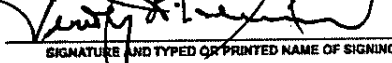
11. OFFICERS AND DIRECTORS

TITLE	PSTD <input type="checkbox"/> Delete
NAME	Stephen M. Perenich
STREET ADDRESS	534 Davis Lake Drive
CITY-ST-ZIP	Oxford, MI 48371
TITLE	D <input type="checkbox"/> Delete
NAME	Terence A. Perenich
STREET ADDRESS	534 Davis Lake Drive
CITY-ST-ZIP	Oxford, MI 48371
TITLE	VPD <input type="checkbox"/> Delete
NAME	Timothy B. Perenich
STREET ADDRESS	29 North Pinellas Avenue
CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen M. Perenich
STREET ADDRESS	1079 Yale Drive
CITY-ST-ZIP	Oxford, MI 48371
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terence A. Perenich
STREET ADDRESS	1875 Belcher Road North, Suite 201
CITY-ST-ZIP	Clearwater, FL 33765
TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy B. Perenich
STREET ADDRESS	180 Alternate 19 North
CITY-ST-ZIP	Palm Harbor, FL 34683
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 address, with all other like empowered.

SIGNATURE:  Timothy B. Perenich, Vice President (727) 787-7212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR April 30, 2001 Date Daytime Phone #

CR2E034 (1/00)