

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M68433

1. Entity Name

AGAPE CARPET CLEANERS, INC.

Principal Place of Business

Mailing Address

C/O LOU ABATE
934 CAMDEN ROAD
JACKSONVILLE FL 32218

C/O LOU ABATE
934 CAMDEN ROAD
JACKSONVILLE FL 32218

2. Principal Place of Business

3. Mailing Address

2759 SETTLEMENT DR
Suite, Apt. #, etc.

AGAPE CARPET
2759 SETTLEMENT DR.
JACKSONVILLE, FL 32226

City & State

City & State

Jacksonville FL

JACKSONVILLE, FL 32226

Zip

Country

Zip

Country

32226 DUVAR

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABATE, LOU
934 CAMDEN ROAD
JACKSONVILLE FL 32218

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
ABATE, LOU
934 CAMDEN ROAD
JACKSONVILLE FL ☐ Delete

TITLE
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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 #

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90141 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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