

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90109 035 ****61.25

DOCUMENT # N00000005767

1. Entity Name

COVENANT PROMISE INC.

Principal Place of Business

Mailing Address

**4740 POSEIDON PLACE
LAKE WORTH FL 33463**

**4740 POSEIDON PLACE
LAKE WORTH FL 33463**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1077077

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

**LUCIUS, STEPHEN M
4740 POSEIDON PLACE
LAKE WORTH FL 33463**

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **LUCIUS, STEPHEN M**
STREET ADDRESS **4740 POSEIDON PLACE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D/S** ☐ Change ☒ Addition
NAME **NICOLAS KhouRY**
STREET ADDRESS **9773 S.W. Santa Monica DR**
CITY-ST-ZIP **Alt City FL 34990**

TITLE **VD** ☐ Delete
NAME **LUCIUS, NANCY F**
STREET ADDRESS **4740 POSEIDON PLACE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D/T** ☐ Change ☒ Addition
NAME **ROY GARRETT**
STREET ADDRESS **816 North Jonesville Rd**
CITY-ST-ZIP **Bowling Gt 30108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/V** ☐ Change ☒ Addition
NAME **Charlotte Camp**
STREET ADDRESS **104 Valleyview Circle**
CITY-ST-ZIP **Phoenixville PA. 19460**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-01

561-641-0725

Date

Daytime Phone #

CR2E037 (10/00)