

2002 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-01-2002 90043 021 ****61.25

DOCUMENT # N01000005259

1. Entity Name

AFRICAN - AMERICAN GIRLS ACTIVELY PURSUING EXCELLENCE, INC.

Principal Place of Business

Mailing Address

18 NORTH COLLEGE ST.
EATONVILLE FL 34761

18 NORTH COLLEGE ST.
EATONVILLE FL 34761

2. Principal Place of Business

3. Mailing Address

18 College St

18 College St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Eatonville, FL.

City & State

Eatonville, Florida

Zip

Country

Zip

Country

4. FEI Number

EIN 95-4893839

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

ALLEN, RITA
18 NORTH COLLEGE ST.
EATONVILLE FL 34761

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, RITA 18 NORTH COLLEGE ST. EATONVILLE FL 34761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOSES, RUTHENIA B 3 JOHNSON ST. EATONVILLE FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PARSON, BEVERLY 918 OBSERVATORY CT. ORLANDO FL 32818	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-02 407 628-3942

CR2E037 (9/01)