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FILED
Jun 20, 2001 8:00 am
Secretary of State

05-16-2001 90262 006 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082685

1. Entity Name

A AFFECTIONATE GROOM, INC.

Principal Place of Business

2132 WHISPER LAKES BLVD
ORLANDO FL 32837

Mailing Address

2132 WHISPER LAKES BLVD
ORLANDO FL 32837

2. Principal Place of Business

2132 Whisper Lakes

Suite, Apt. #, etc.

3. Mailing Address

2132 Whisper Lakes

Suite, Apt. #, etc.

City & State

Orlando FL

Zip
32837

Country

Orange

City & State

Orlando FL

Zip
32837

Country

Orange

4. FEI Number

59-3665726

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

CARLO, NANNETTE
 2132 WHISPER LAKES BLVD
 ORLANDO FL 32837

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D CARLO, NANNETTE	2132 WHISPER LAKES BLVD	ORLANDO FL 32837				
	D RODRIGUEZ, MIGUEL	2132 WHISPER LAKES BLVD	ORLANDO FL 32837				

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:

Nannette Carlo *Nannette Carlo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

407-826-0413

Daytime Phone #

CR2E034 (10/00)