

FILED
Aug 22, 2001 8:00 am
Secretary of State

08-06-2001 90072 010 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105337

1. Entity Name

AGENCY OF PROFESSIONAL ATHLETES, INC.

Principal Place of Business

203 WASHINGTON ST
JACKSONVILLE FL 32202

Mailing Address

203 WASHINGTON ST
JACKSONVILLE FL 32202

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3686808

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.

3732 N.W. 18TH STREET
FT. LAUDERDALE FL 33311-4132

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

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 \$550.00
After September 02, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HALL, DANA	
STREET ADDRESS	203 WASHINGTON ST	
CITY-STATE-ZIP	JACKSONVILLE FL 32202	

TITLE	TD	<input type="checkbox"/> Delete
NAME	KARPOWICZ, JAMES	
STREET ADDRESS	203 WASHINGTON ST	
CITY-STATE-ZIP	JACKSONVILLE FL 32202	

TITLE	VD	<input type="checkbox"/> Delete
NAME	ANAPOLSKY, MICHAEL	
STREET ADDRESS	203 WASHINGTON ST	
CITY-STATE-ZIP	JACKSONVILLE FL 32202	

TITLE	VD	<input type="checkbox"/> Delete
NAME	BLOCK, ERIC	
STREET ADDRESS	203 WASHINGTON ST	
CITY-STATE-ZIP	JACKSONVILLE FL 32202	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 an address, with all other like empowered.

SIGNATURE

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

7/31/01

Date

(904) 396-9802

Daytime Phone #

CR2E034 (5/01)

attachment

Debt P0000015337
77774


August 1, 2000

Dear Sir/Madam:

This company was incorporated on 11/19/2000. This is the first notice of this report that we have received. We would have paid the \$150.00 on time if we had known.

We request that you accept this \$150.00 payment as we are just a small start-up company.

Thank you,


James R. Karpowicz
Treasurer