


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AV

DOCUMENT # **P02000057481**

1. Entity Name
AGAPE TRUCKING INDUSTRY, INCORPORATION ✓



03 APR 21 AM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**5472 CINDERLANE PKWY
ORLANDO FL 32808**

Mailing Address
**5472 CINDERLANE PKWY
ORLANDO FL 32808**



2. Principal Place of Business *P.K.WAY*
5494 CINDERLANE
Suite, Apt. #, etc.
ORLANDO
City & State
FL
Zip
32808 Country *ORLANDO*

3. Mailing Address
5494 CINDERLANE P.WAY
Suite, Apt. #, etc.
ORLANDO *FL*
City & State
FL
Zip
32808 Country *ORLANDO*

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3274459** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SMITH, EDWARD F
5472 CINDERLANE PKWY
ORLANDO FL 32808**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, EDWARD F <input type="checkbox"/> Delete 5472 CINDERLANE PKWY ORLANDO FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARD F. SMITH <input type="checkbox"/> Delete 5494 CINDERLANE P.WAY ORLANDO FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Delete	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 607, 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]* **3/29/03 407-297-5726**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)