

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000074422

FILED  
Apr 25, 2003  
Secretary of State

Entity Name: AGAPE NURSING SERVICES, INC.

## Current Principal Place of Business:

402 SW EYERLY AVENUE  
PORT SAINT LUCIE, FL 34983 US

## New Principal Place of Business:

## Current Mailing Address:

402 SW EYERLY AVENUE  
PORT SAINT LUCIE, FL 34983 US

## New Mailing Address:

FEI Number: 65-0449696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BACHMANN, JAYCINTH  
402 S W EYERLY AVE  
PORT ST LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BACHMANN, JAYCINTH  
Address: 402 SW EYERLY AVE  
City-St-Zip: PORT ST LUCIE, FL

Title: D ( ) Delete  
Name: BACHMANN, DANIEL  
Address: 402 SW EYERLY AVE  
City-St-Zip: PORT ST LUCIE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAYCINTH BACHMANN

DP

04/25/2003

Electronic Signature of Signing Officer or Director

Date