

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90056 043 ***150.00

DOCUMENT # P98000074388

1. Entity Name

Agape' 2, Inc.



Principal Place of Business

Mailing Address

3445 Park Square E., #1
 Tampa, FL 33613

USF 30350
 4202 E. Fowler Ave.
 Tampa, FL 33620

2. Principal Place of Business

3445 Park Square E.

3. Mailing Address

4202 E. Fowler Ave.

Suite, Apt. #, etc.
 #1

Suite, Apt. #, etc.
 USF 30350

City & State
 Tampa, FL

City & State
 Tampa, FL

4. FEI Number
 59-3529613

Applied For
 Not Applicable

Zip
 33613

Country
 USA

Zip
 33620

Country
 USA

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

Gloria M. Boone
 USF 30335
 4202 E. Fowler Ave.
 Tampa, FL 33620

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 \$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 President ☐ Delete
NAME Gloria M. Boone
STREET ADDRESS USF 30335, 4202 E. Fowler Ave.
CITY-ST-ZIP Tampa, FL 33620

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-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:

Gloria M. Boone, President

3/11/01 (813) 972-4696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)