

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 08, 2000 8:00 am**
Secretary of State

04-12-2000 90183 032 ***150.00

DOCUMENT # P99000019069

1. Entity Name

AGAPE LAWN CARE, INC.

Principal Place of Business

Mailing Address

**5100 TAMiami TRAILL NORTH, SUITE 201
NAPLES FL 34103****5100 TAMiami TRAILL NORTH, SUITE 201
NAPLES FL 34103**

2. Principal Place of Business

4910 Tamiami Tr. N.

3. Mailing Address

4910 Tamiami Tr. N.

Suite, Apt. #, etc.

Suite 20

Suite, Apt. #, etc.

Suite 210

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

US

Zip

34103

Country

US

4. FEI Number

59-3559698

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SZEMPRUCH, DAVID J
5100 TAMiami TRAILL NORTH, SUITE 201
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **(Same)**

Street Address (P.O. Box Number is Not Acceptable)

4910 Tamiami Tr. N., #20City **Naples**

FL

Zip Code **34103**

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, 2000 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

TITLE **D** ☐ Delete
NAME **SZEMPRUCH, DAVID J**
STREET ADDRESS **5100 TAMiami TRAILL NORTH, SUITE 201**
CITY-ST-ZIP **NAPLES FL 34103**TITLE **D** ☐ Delete
NAME **SZEMPRUCH, EDWINA M**
STREET ADDRESS **5100 TAMiami TRAILL NORTH, SUITE 201**
CITY-ST-ZIP **NAPLES FL 34103**TITLE **D** ☐ Delete
NAME **ARNOLD, WILLIAM M**
STREET ADDRESS **5100 TAMiami TRAILL NORTH, SUITE 201**
CITY-ST-ZIP **NAPLES FL 34103**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4910 Tamiami Tr. N., #210**
CITY-ST-ZIP **Naples, FL 34103**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4910 Tamiami Tr. N., #210**
CITY-ST-ZIP **Naples, FL 34103**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4910 Tamiami Tr. N., #210**
CITY-ST-ZIP **Naples, FL 34103**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **SZEMPRUCH, DAVID J**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED MAY 8 2000