

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S43231

1. Entity Name

AGENT SERVICES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90041 044 ***150.00

Principal Place of Business

3800 S JOHN YOUNG PKWY
 SUITE B
 ORLANDO FL 32839
 US

Mailing Address

3800 S JOHN YOUNG PKWY
 SUITE B
 ORLANDO FL 32839-8651
 US

2. Principal Place of Business

418 W. ALFRED ST.

3. Mailing Address

418 W ALFRED ST

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

#5

City & State

TAVARES FL

City & State

TAVARES FL

Zip

32778

Country

USA

Zip

32778

Country

USA

4. FEI Number

59-3061871

Applied For

Not Applicable

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

ALLEN, CHARLES

~~3800 S JOHN YOUNG PKWY~~
~~SUITE B~~
~~ORLANDO FL 32839~~

Name

ALLEN, NOLA

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

418 W ALFRED ST

#5

City

TAVARES

FL

Zip Code

32778

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, CHARLES	
STREET ADDRESS	3525 S ROSALIND AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, NOLA	
STREET ADDRESS	3525 S ROSALIND AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES ALLEN	
STREET ADDRESS	418 W. ALFRED ST #5	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLA ALLEN	
STREET ADDRESS	418 W. ALFRED ST #5	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOLA ALLEN

Date

5/1/00

Daytime Phone #

352-343-0900

CR2E034 (9/99)