FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90068 022 ***150.00

DOCUMENT # H01833

1. Entity Name
AP Systems, Inc.

DO NOT WRITE IN THIS SPACE

10090829

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2. Principal Place of Business	3. Mailing Address
522 Bay Street Suite, Apt. #, etc.	P.O. Box 49098 Suite, Apt. #, etc.
City & State: Neptune Beach, FL	City & State: Jacksonville Beach, FL
Zip: 32266 Country: USA	Zip: 32240-9098 Country: USA

4. FEI Number: 59-2414923 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current 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: Beverly Dea Hollod Beverly Dea Hollod 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Vice President
NAME	Hollod, James Eric
STREET ADDRESS	522 Bay Street
CITY-ST-ZIP	Neptune Beach, FL 32266
TITLE	President
NAME	Beverly Hollod
STREET ADDRESS	522 Bay Street
CITY-ST-ZIP	Neptune Beach, FL 32266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly Dea Hollod Beverly Dea Hollod 4/25/03 904-721-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #