

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90228 003 \*\*\*\*61.25

**DOCUMENT # N00000007732**

1. Entity Name

**APOLOGETICS, INC.**

**00050349**



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br><b>1957 SOURWOOD BLVD.<br/>DUNEDIN FL 34698</b> | Mailing Address<br><b>1957 SOURWOOD BLVD.<br/>DUNEDIN FL 34698</b> |
|--|--|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3704883**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WOODWARD, THOMAS E  
1957 SOURWOOD BLVD.  
DUNEDIN FL 34698**

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

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>CODD, JOHN E</b>             |                                 |
| STREET ADDRESS | <b>2942 MANDARIN HOLLOW DR.</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32217</b>    |                                 |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>MCCULLOUGH, JAMES B</b>      |                                 |
| STREET ADDRESS | <b>21 IDLEWILD ST.</b>          |                                 |
| CITY-ST-ZIP    | <b>CLEARWATER BCH FL 33767</b>  |                                 |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>SMITZ, DONALD</b>            |                                 |
| STREET ADDRESS | <b>2501 LAURELWOOD LANE</b>     |                                 |
| CITY-ST-ZIP    | <b>VALRICO FL 33594</b>         |                                 |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>SMITZ, NANCY</b>             |                                 |
| STREET ADDRESS | <b>2501 LAURELWOOD LANE</b>     |                                 |
| CITY-ST-ZIP    | <b>VALRICO FL 33594</b>         |                                 |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>TSAMIS, WILLIAM</b>          |                                 |
| STREET ADDRESS | <b>1292 RALEIGH CT.</b>         |                                 |
| CITY-ST-ZIP    | <b>TARPON SPRINGS FL 34689</b>  |                                 |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>WOODWARD, THOMAS E</b>       |                                 |
| STREET ADDRESS | <b>1957 SOURWOOD BLVD.</b>      |                                 |
| CITY-ST-ZIP    | <b>DUNEDIN FL 34698</b>         |                                 |

|                |   |
|----------------|---|
| 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    |   |
| 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    |   |

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Thomas E. Woodward*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Apr. 30, 2001*  
 Date

*727-736-4662*  
 Daytime Phone #

CR2E037 (10/00)