

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000007732

FILED
May 01, 2003
Secretary of State

Entity Name: APOLOGETICS, INC.

Current Principal Place of Business:

1957 SOURWOOD BLVD.
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1957 SOURWOOD BLVD.
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 59-3704883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CODD, JOHN E
Address: 2942 MANDARIN HOLLOW DR.
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: MCCULLOUGH, JAMES B
Address: 21 IDLEWILD ST.
City-St-Zip: CLEARWATER BCH, FL 33767

Title: D () Delete
Name: SMITZ, DONALD
Address: 2501 LAURELWOOD LANE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: SMITZ, NANCY
Address: 2501 LAURELWOOD LANE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: TSAMIS, WILLIAM
Address: 1292 RALEIGH CT.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: WOODWARD, THOMAS E
Address: 1957 SOURWOOD BLVD.
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. WOODWARD

D

05/01/2003

Electronic Signature of Signing Officer or Director

_____ Date