

FILED
Jun 23, 2003 8:00 am
Secretary of State

05-02-2003 90122 023 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000059777

1. Entity Name
APARTMENT SUPPLY CORPORATION

Principal Place of Business
13715 49TH ST. N.
B-6
CLEARWATER, FL 33762

Mailing Address
13715 49TH ST. N.
B-6
CLEARWATER, FL 33762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3651847

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALLAHAN, JACK M
451 CENTRAL PARK DR
LARGO, FL 33771

7. Name and Address of New 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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signatures required when entity filed.

DATE

Signature of Registered Agent
JACK M. CALLAHAN
451 CENTRAL PARK DR
LARGO, FL 33771

9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
	D. Miller, Charles	13715 49th St. N # B-6	Clearwater, FL 33762		

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all powers I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR

Date

Signature Phone #

55049406

☐ CHECK HERE IF MAKING CHANGES

38-3651847

CR2003 (10/02)