

2000 UNIFORM BUSINESS REPORT (UBR)

(39-107)

DOCUMENT # P93000009880

1. Entity Name

APEX FINANCIAL GROUP, INC.

FILED

00 FEB 10 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2020 W. BRANDON BLD.
SUITE 140
BRANDON FL 33511

Mailing Address

2020 W. BRANDON BLD.
SUITE 140
BRANDON FL 33511-4791

2. Principal Place of Business

3220 LITHA PINECREST RD

3. Mailing Address

3220 LITHA PINECREST RD

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State
VALRICO HI

City & State
VALRICO HI

4. FEI Number

59-3171223

Applied For

Not Applicable

Zip
33594

Country
USA

Zip
33594

Country
USA

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, TONY
TRYBUS & WOODWARD, P.A.
701 W. BAY STREET
TAMPA FL 33606

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

1/17/2000

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
WILLIAMS, ROY F
5331 TWIN CREEKS DR
VALRICO FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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300003141343-5
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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

Date

Daytime Phone #

Signature: Roy Williams, President
Date: 1/17/2000
Daytime Phone #: 813 684-1111

CR2E034 (9/99)