

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90110 021 ***550.00

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DOCUMENT # P97000062984

1. Entity Name
APB INVESTIGATIONS, INC.

Principal Place of Business
163 OCEAN TERRACE
ORMOND BEACH FL 32176

Mailing Address
163 OCEAN TERRACE
ORMOND BEACH FL 32176

2. Principal Place of Business
250 NASSAU BOULEVARD
 Suite, Apt. #, etc.

3. Mailing Address
250 NASSAU BOULEVARD
 Suite, Apt. #, etc.

City & State
GARDEN CITY, NY
 Zip
11530
 Country
USA

City & State
GARDEN CITY, NY
 Zip
11530
 Country
USA

4. FEI Number **59-3459118**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GASPAR, JOHN
163 OCEAN TERRACE
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name **Joseph Vozza**

Street Address (P.O. Box Number is Not Acceptable)

250 Nassau Boulevard

City **G** **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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE NAME Delete
P GASPAR, JOHN
 STREET ADDRESS **163 OCEAN TERR**
 CITY-ST-ZIP **ORMOND BCH FL 32176**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Change Addition
PRESIDENT All other offices
Joseph Vozza
 STREET ADDRESS **250 NASSAU BOULEVARD**
 CITY-ST-ZIP **GARDEN CITY, NY 11530**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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: *Joseph Vozza* **REQUIRE** **Joseph Vozza** **8/24/01** **(516) 505-1555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)