# I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PSD

#### SIGNATURE: THOMAS E BAUR

Electronic Signature of Signing Officer/Director Detail

<u>2021</u>	<b>FLORIDA PROFIT</b>	CORPORATION	<b>ANNUAL REPORT</b>

DOCUMENT# J53470

Entity Name: APOGEE MANAGEMENT, INC.

#### Current Principal Place of Business:

2011 S PERIMETER ROAD SUITE F FT. LAUDERDALE, FL 33309

## **Current Mailing Address:**

2011 S PERIMETER ROAD SUITE F FT. LAUDERDALE, FL 33309 US

## FEI Number: 59-2763139

## Name and Address of Current Registered Agent:

HARDEN DAVID C. 500 E. BROWARD BLVD SUITE 1950 FT. LAUDERDALE, FL 33394 US

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

#### Officer/Director Detail :

Title	PSD	Title	DVP	
Name	BAUR THOMAS E.	Name	BAUR, CINDY	
Address	2011 S PERIMETER ROAD SUITE F	Address	2011 S PERIMETER ROAD SUITE F	
City-State-Zip:	FT. LAUDERDALE FL 33309	City-State-Zip:	FT. LAUDERDALE FL 33309	
Title	D			
Name	MILLER, JOSEPH			
Address	2011 S PERIMETER ROAD			
City-State-Zip:	FT. LAUDERDALE FL 33309			

Certificate of Status Desired: No

02/22/2021

Date

## FILED Feb 22, 2021 Secretary of State 9821289617CC

Date