

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91061 042 ***158.75

DOCUMENT # 472278

1. Entity Name
APCO CONSTRUCTION CO. INC.



DO NOT WRITE IN THIS SPACE

30099709

2. Principal Place of Business
2136 S. NATURES GATE CT.

3. Mailing Address
15009 P.O. DRAWER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FERNANDINA BEACH, FL

City & State
FERNANDINA BEACH FL.

4. FEI Number
59-160 4254

Applied For
Not Applicable

Zip
32034

Country
NASSAU

Zip
32035

Country
NASSAU

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required ☒

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ALFRED G. PAASCHE SR.

Street Address (P.O. Box Number is Not Acceptable)
2136 S. NATURES GATE CT.

City
FERNANDINA BEACH FL Zip Code
32034

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 ALFRED G. PAASCHE SR.
Alfred H. Paasche Jr Pres

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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
PRES
ALFRED G. PAASCHE SR.
2136 S. NATURES GATE CT.
FERNANDINA BEACH, FL 32034

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE-PRES
ALFRED G. PAASCHE, JR.
1122 HAMLET CT
NEPTUNE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
HELEN B. PAASCHE, SEC-TRES.
2136 S. NATURES GATE CT.
FERNANDINA BEACH, FL 32034

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Alfred H. Paasche Sr. ALFRED G. PAASCHE SR. 4-15-03 (904) 261-0210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)