

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90097 047 \*\*\*158.75

**DOCUMENT # 507201**

1. Entity Name

**AP ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

C/O J. BOB HUMPHRIES  
P.O. BOX 1438  
TAMPA FL 33601

C/O J. BOB HUMPHRIES  
P.O. BOX 1438  
TAMPA FL 33601-1438

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

**59-1694121**

Applied For

Not Applicable

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

**MITCHELL, DENNIS M.** *6107 Memorial Hwy*  
**5421 BEAUMONT CTR BLVD, SUITE 640** *Suite F*  
**TAMPA FL 33615** *Tampa, FL 33615*

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

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	VPS	<input type="checkbox"/> Delete
NAME	MITCHELL, SUSAN	
STREET ADDRESS	7129 PELICAN ISLAND DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MITCHELL, DENNIS M	
STREET ADDRESS	7129 PELICAN ISLAND DR.	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HUMPHRIES, J. BOB	
STREET ADDRESS	501 E KENNEDY BLVD, 1700	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/10/00*

Date

*813-886-2457*

Daytime Phone #

CR2E034 (9/99)