

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90447 008 ***150.00

DOCUMENT #626778

1. Entity Name

APGA, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2261 DELORAINE TR.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 103

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MAITLAND FL 32751

City & State

WINTER PARK, FL 32789

4. FEI Number

59-1913078

Applied For

Not Applicable

Zip

Country

Zip

Country

6103

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

MARGARET B. BATCHELOR

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

2261 DELORAINE TR.

City

MAITLAND, FL

FL

Zip Code

32790-0103

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 Margaret B. Batchelor

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
PD
PAUL W. BRAWNER
2261 DELORAINE TR.
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
JOHNSON, SHERRY BRAWNER
505 SUNSET DR.
NORCROSS, GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BATCHELOR, MARGARET B
2261 DELORAINE TR
MAITLAND, FL

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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: Margaret B. Batchelor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03

Date

407-628-8135

Daytime Phone #

CR2E034B (12/02)