13-20-01 727 Date

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 15, 2001 8:00 am **DOCUMENT # 677315 Secretary of State** APOSTOLU ENTERPRISES, INC. 03-15-2001 90016 030 ***150.00 Principal Place of Business Mailing Address FT. DESOTO PARK 14154 COOK DR. TOERRA VERDE BX3 LARGO FL 33774 TIERRA VERDE FL 33715 3. Mailing Address 3500 PINCHAS BAYWAY 2. Principal Place of Business FORT DESOTO Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 3500 PINELIAS BAYWAY City & State City & State Applied For 4. FEI Number 59-2013337 Not Applicable \$8.75 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 3500 PINELLAS BAYA ST. PETERSBURG, FL 33715 APOSTOLU, PETER J. Street Address (P.O. Box Number is Not Acceptable) 14154 COOK DRIVE LARGO FL 33774 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ☐ Addition 3R2E034 (10/00) TITLE ☐ Change APOSTOLU, PETER J. NAME NAME STREET ADDRESS 14154 COOK DR. STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP APOSTOLU, PETER TITLE STD Delete TITLE ☐ Addition 3500 PINEILM BAYWAY SO APOSTOLU, JODY NAME NAME 14154 COOK DR. STREET ADDRESS STREET ADDRESS ET PETENSIS, FL 33715 CITY-ST-ZIP CITY-ST-ZIP LARGO FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE · Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.