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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 08, 2002 8:00 am **DOCUMENT #** Secretary of State 677315 1. Entity Name 01-08-2002 90013 027 ***150.00 APOSTOLU ENTERPRISES, INC. Principal Place of Business Mailing Address 3500 PINELLAS BAYWAY FT DESOTO PARK 3500 PINELLAS BAYWAY SAINT PETERSBURG FL 33715 SAINT PETERSBURG FL 33715 US us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2013337 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent APOSTOLU, PETER J. Street Address (P.O. Box Number is Not Acceptable) 3500 PINELLAS BAYWAY SAINT PETERSBURG FL 33715 City Zip Code FL 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE 3500 PINELIAS BANDA SE APOSTOLU, PETER J. NAME NAME 14154 COOK DR. STREET ADDRESS STREET ADDRESS ST. POTOISburg. FL 33714 CITY-ST-ZIP Largo fl CITY-ST-7IP TITLE STD ☐ Delete TITLE ☐ Change Addition NAME APOSTOLU, PETER NAME STREET ADDRESS 3500 PINELLAS BAYWAY SO STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33715 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI E TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

NICU.

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 of true 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.