

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90167 020 ***150.00

DOCUMENT # 677315

1. Entity Name
APOSTOLU ENTERPRISES, INC.



Principal Place of Business
**FT. DESOTO PARK
3500 PINELLAS BAYWAY
SAINT PETERSBURG FL 33715
US**

Mailing Address
**3500 PINELLAS BAYWAY
SAINT PETERSBURG FL 33715
US**

2. Principal Place of Business

3. Mailing Address
100 BLUFFVIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.
- 110 B

City & State

City & State
36116N BLUFF FL

4. FEI Number
59-2013337

Applied For
Not Applicable

Zip

Country

Zip
33770

Country
USA

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

**APOSTOLU, PETER J.
8500 PINELLAS BAYWAY
SAINT PETERSBURG FL 33715**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
APOSTOLU, PETER J.
3500 PINELLAS BAYWAY ST
SAINT PETERSBURG FL 33714** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
APOSTOLU, PETER
3500 PINELLAS BAYWAY SO
SAINT PETERSBURG FL 33715** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-03 727-867-5982

CR2E034 (10/02)