

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90021 022 ***150.00

DOCUMENT # 688520

1. Entity Name
APRO ENTERPRISES, INC.

Principal Place of Business
2633 S.W. 11 PL
DEERFIELD BEACH FL 33442
US

Mailing Address
2633 SW 11 PL
DEERFIELD BCH FL 33442
US



2. Principal Place of Business
2343 SW 17 DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
2343 SW 17 DRIVE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DEERFIELD BEACH, FL
 Zip
33442
 Country

City & State
DEERFIELD BEACH, FL
 Zip
33442
 Country

4. FEI Number **59-2026651**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

APRIL, THOMAS R
2633 SW 11 PLACE
DEERFIELD BCH FL 33442

7. Name and Address of New Registered Agent

Name **APRIL, THOMAS R.**
 Street Address (P.O. Box Number is Not Acceptable)
2343 SW 17 DRIVE
 City **DEERFIELD BEACH, FL** **FL** Zip Code **33442**

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 *Thomas R. April*

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT APRIL, THOMAS R. 2633 SW 11 PL DEERFIELD BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT APRIL, THOMAS R. 2343 SW 17 DRIVE DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Thomas R. April*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-15-02**

Daytime Phone # **954-426-4359**

UBR4935 AV

CR2E034 (9/01)