

2001 UNIFORM BUSINESS REPORT (UBR)

0009668 AF

DOCUMENT # A00000001410

1. Entity Name

HD/RAD APOLLO, LTD.

FILED

01 MAY -2 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4427 WEST KENNEDY BLVD., STE 125
TAMPA FL 33609

Mailing Address

4427 WEST KENNEDY BLVD., STE 125
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

P.O. Box 320312

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

Country

Zip

33619-2342

Country

4. FEI Number

59-3673346

Applied For

Not Applicable

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

O'MALLEY, ANDREW
712 SOUTH OREGON AVE
TAMPA FL 33606

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.

SIGNATURE

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

(NOT)

Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$150,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000085685
NAME HD/RAD APOLLO, INC.
STREET ADDRESS 4427 WEST KENNEDY BLVD., STE 125
CITY-ST-ZIP TAMPA FL

STREET ADDRESS

CITY-ST-ZIP

400004301854--4

05/23/01 01040-022

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Hamilton, Jr. as President of

4/24/01

Date

813/289-5511

Daytime Phone #

CR2E003 (11/00)