

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000002065

1. Entity Name

AP PROPERTIES, LIMITED PARTNERSHIP

FILED

01 MAY 18 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

1100 FIFTH AVE SOUTH

1100 FIFTH AVE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 401

STE 401

City & State

City & State

NAPLES, FL

NAPLES, FL

Zip

Country

Zip

Country

34102

USA

34102

USA

5/18

DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number

62-1516560

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

Name

JACK O. TACKETT

Street Address (P.O. Box Number is Not Acceptable)

1100 FIFTH AVENUE SOUTH #401

City

NAPLES

FL

Zip Code

34102

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)

DATE

4/3/01

9. Capital Contributions
as Shown on record.

990.00

10. Amount of Capital Contributions
in FLORIDA to date.

0

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00000116776
NAME EZON, INC.
STREET ADDRESS 1100 FIFTH AVE SOUTH #401
CITY-ST-ZIP NAPLES, FL 34102

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400004303254-5

05/24/01 01007-015

****193.75 ****141.25

\$141.25

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

EXEC VP, EZON, INC. 4/3/01

941-263-1712

Date

Daytime Phone #

CR2E003 (11/00)