

2001 UNIFORM BUSINESS REPORT (UBR)

0012244 AF

DOCUMENT # A99000000931

1. Entity Name

APS (U.S.A.), LTD.

FILED

01 APR 23 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2100 SE 17TH ST., SUITE 204
OCALA FL 34471

Mailing Address

2100 SE 17TH ST., SUITE 204
OCALA FL 34471

2. Principal Place of Business

2100 SE 17TH STREET

3. Mailing Address

2100 S.E. 17TH STREET

Suite, Apt. #, etc.

SUITE 204

Suite, Apt. #, etc.

SUITE 300

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

59-3607038 APPLIED FOR

Applied For

Not Applicable

Zip

34471

Country

USA

Zip

34471

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

CURTIS, WILLIAM W

2100 SE 17TH ST., SUITE 204

OCALA FL 34471

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

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 # M97000000418
NAME THE HILLSIDE FINANCIAL GROUP, L.L.C.
STREET ADDRESS 2100 SE 17TH ST., SUITE 204
CITY-ST-ZIP Ocala FL 34471

STREET ADDRESS 2100 S.E. 17TH STREET, Suite 300
CITY-ST-ZIP Ocala FL 34471

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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 OF WILLIAM W CURTIS

4/10/01

(352) 401-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)