

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90080 029 ***155.00

DOCUMENT # F51452

1. Entity Name
APOLLO BEACH SHOPPING CENTER, INC.



Principal Place of Business
**6418 U.S. HWY. 41 N.
P.O. BOX 164
APOLLO BEACH FL 33572**

Mailing Address
**BARNES, ALBERT R. SR
238 LAKEVIEW DR
MORGANTOWN WV 26508
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

16-9263841

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARNES, ALBERT R SR.

6418 US 41 N

STE-264

APOLLO BEACH FL 33572

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

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	ST BARNES, MARY K	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6418 US 41 N STE-264	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE NAME	P BARNES, ALBERT R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6418 US 41 N STE-264	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE NAME	P BARNES, ALBERT R SR	<input type="checkbox"/> Delete
STREET ADDRESS	235 LAKEVIEW DR	
CITY-ST-ZIP	MORGANTOWN WV 26508	
TITLE NAME	D BARNES, MARY K	<input type="checkbox"/> Delete
STREET ADDRESS	235 LAKEVIEW DR	
CITY-ST-ZIP	MORGANTOWN WV 26508	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	ST BARNES MARY K	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6418 US 41 N STE-264	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE NAME	P BARNES ALBERT R SR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6418 US 41 N STE-264	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

Daytime Phone #

CR2E034(10/02)