

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90052 046 ***150.00

DOCUMENT # F93000004251

1. Entity Name
APOLLO CAPITAL CORP.



Principal Place of Business

150 SECOND AVE N

860

ST PETE FL 33701

US

Mailing Address

150 SECOND AVE N

860

ST PETE FL 33701

US

2. Principal Place of Business

645 18th AVE NE

Suite, Apt. #, etc.

3. Mailing Address

645 18th AVE NE

Suite, Apt. #, etc.

City & State

St Petersburg FL

Zip
33704

Country

USA

City & State

St Petersburg FL

Zip
33704

Country
USA

4. FEI Number

59-3190777

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KYLE KRUEGER

150 SECOND AVE NO SUITE 860

ST PETE FL 33701

7. Name and Address of New Registered Agent

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 *Ann C. Krueger*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2.3.03

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

TITLE **PD** ☐ Delete
NAME **KRUEGER, KYLE**
STREET ADDRESS **150 SECOND AVE NO SUITE 860**
CITY-ST-ZIP **ST PETE FL**

TITLE **S** ☐ Delete
NAME **KRUEGER, ANN C**
STREET ADDRESS **150 2ND AVE N SUITE 860**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **645 18th AVE NE**
CITY-ST-ZIP **St Petersburg FL 33704**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **645 18th AVE NE**
CITY-ST-ZIP **St. Petersburg FL 33704**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Ann C. Krueger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.3.03

Date

727.895.5005

Daytime Phone #

CR2E034 (10/02)