

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90462 030 ***150.00

DOCUMENT # F95000001759

1. Entity Name
A.P. LAPKO LTD., COMPANY



Principal Place of Business
**1639 FLETCHER ST.
HOLLYWOOD FL 33020
US**

Mailing Address
**14-710 LOUISE AVE.
BRANDON, MB R7A0X5
CANADA
OC**

2. Principal Place of Business

3. Mailing Address **A.P. LAPKO LTD.**

~~8914 WINDSOR ROAD~~

Suite, Apt. #, etc.
8914 WINDSOR ROAD

City & State
EDMONTON, ALBERTA

Zip
T6G 2A2

Country
CANADA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **98-0052015**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KRONCKE, PAUL B
900 NE 26TH AVE., #105
FT. LAUDERDALE FL 33304**

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 _____
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAPKO, ALEXANDRA V 6914 WINDSOR RD. EDMONTON T6G2A2 <input type="checkbox"/> Delete <i>address incorrect note changes</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAPKO, ALEXANDER P 14-710 LOUISE AVE. BRANDON, MB CANADA, R7A 045 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President LAPKO, ALEXANDRA V. 8914 WINDSOR ROAD EDMONTON, ALBERTA T6G2A2 CANADA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President MAYBANK, ROBERT C. 8914 WINDSOR ROAD EDMONTON, ALBERTA, T6G2A2 CANADA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

ALEXANDRA LAPKO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 28/03 433 5655
Date Daytime Phone #

CR2E034 (10/02)