

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90389 015 \*\*\*158.75

**DOCUMENT # F95000003525**

1. Entity Name  
**APH MANAGEMENT, INC.**



Principal Place of Business  
**950 N. ORLANDO AVE.  
SUITE 120  
WINTER PARK FL 32789  
US**

Mailing Address  
**P.O. BOX 4961  
ORLANDO FL 32802-4961**

2. Principal Place of Business

3. Mailing Address

**310 WAYMONT COURT  
SUITE 104**

Suite, Apt. #, etc.

**LAKE MARY FL**

City & State

**32746 USA**

Zip Country

4. FEI Number **76-0461613**

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

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N ORANGE AVE., STE. 1100  
ORLANDO FL 32801**

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 **D** ☒ Delete  
NAME **BOBINCHUCK, ROBERT M**  
STREET ADDRESS **701 BRAZOS ST SUITE 900**  
CITY-ST-ZIP **AUSTIN TX 78701**

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

TITLE **D** ☐ Delete  
NAME **PALMER, CHARLES B**  
STREET ADDRESS **950 N. ORLANDO AVE., SUITE 120**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Change ☐ Addition  
NAME **310 WAYMONT CT**  
STREET ADDRESS **SUITE 104**  
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **VP** ☒ Delete  
NAME **KENT, MARK**  
STREET ADDRESS **701 BRAZOS ST SUITE 900**  
CITY-ST-ZIP **AUSTIN TX 78701**

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

TITLE **P** ☐ Delete  
NAME **PERRONE, PRESTON I**  
STREET ADDRESS **950 N. ORLANDO AVE., STE 120**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Change ☐ Addition  
NAME **310 WAYMONT COURT**  
STREET ADDRESS **SUITE 104**  
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: **Preston I. Perrone**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/03**  
**407-628-4544**

Date Daytime Phone #

CR2E034 (10/02)