

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **F95000003527**1. Entity Name
APH CONSTRUCTION, INC.**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90159 045 ***158.75

Principal Place of Business
**950 N. ORLANDO AVE.
SUITE 320
WINTER PARK FL 32789
US**Mailing Address
**P.O. BOX 4961
ORLANDO FL 32802-4961**

OLV

00061835

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **76-0461580**
Applied For
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required6. Name and Address of Current Registered Agent
**B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N. ORLANDO AVE., STE. 1100
ORLANDO FL 32801**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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE _____9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	PALMER, CHARLES B	950 N. ORLANDO AVE., STE. 320 WINTER PARK FL 32789				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	BOBINSHUCK, ROBERT M	98 SAN JACINTO BLVD., SUITE 710 AUSTIN TX 78701		D	BOBINSHUCK, ROBERT M.	701 BRAZOS STREET, SUITE 900 AUSTIN, TX 78701
			<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PT	PERBONE, REESTON I	950 N. ORLANDO AVE. WINTER PARK FL 32789				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input checked="" type="checkbox"/> Delete				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	VPS	KENT, MARK	950 N. ORLANDO AVE., STE. 320 WINTER PARK FL 32789		VPS	KENT, MARK	701 BRAZOS STREET, SUITE 900 AUSTIN, TX 78701
			<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 reports 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CHARLES B. PALMER, DIRECTOR**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Reeston I. Perbone, PRESIDENTDate **3/26/01** Daytime Phone # **407-628-4544**

0479679

CR2E034 (10/00)