

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90108 011 ***150.00

DOCUMENT # F96000006879

1. Entity Name

APACHE PRODUCTS COMPANY

Principal Place of Business

4500 SOUTH FRONTAGE RD
LAKELAND FL 33815
US

Mailing Address

107 SERVICE RD.
ANDERSON SC 29625

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 59-2732589

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

MCNEIL, GREGG
4500 SOUTH FRONTAGE RD
LAKELAND FL 33815

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 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 State

10. 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 PDC
NAME BURGESS, JAMES H ☒ Delete
STREET ADDRESS 107 SERVICE RD.
CITY-ST-ZIP ANDERSON SC 29625

TITLE PDC ☒ Change ☐ Addition
NAME ALEMAN, GIL
STREET ADDRESS 107 SERVICE ROAD
CITY-ST-ZIP ANDERSON, SC 29625

TITLE D ☐ Delete
NAME LONG, WILLIAM B
STREET ADDRESS 530 BEACON PKWY., W., #503
CITY-ST-ZIP BIRMINGHAM AL 35209

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

TITLE D ☐ Delete
NAME JOHNSEY, WALTER
STREET ADDRESS 530 BEACON PKWY., W., #503
CITY-ST-ZIP BIRMINGHAM AL 35209

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

TITLE CFO ☒ Delete
NAME SAAD, T J
STREET ADDRESS 107 SERVICE RD
CITY-ST-ZIP ANDERSON SC 29625

TITLE CFO ☒ Change ☐ Addition
NAME THOMPSON, GREGORY
STREET ADDRESS 107 SERVICE ROAD
CITY-ST-ZIP ANDERSON, SC 29625

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

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

SIGNATURE *Gregory Thompson* GREGORY THOMPSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

864/964-2741

Daytime Phone #

CR2E034 (10/00)