## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9700002177 Apr 24, 2000 8:00 am Secretary of State APEX INDUSTRIAL SERVICES, INC. 04-24-2000 90011 004 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 726 577 DAVIS RD. **FAYETTEVILLE GA 30214** FAIRBURN GA 30213-0726 HS 2. Principal Place of Business 3. Mailing Address SermoranBlu Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 503 Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLMES, KENNETH 12512 COURTNEY LAKES DR. **APT 1111** ORLANDO FL 32828 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITI F NAME NAME HOLMES, KENNETH 5447 Uneland Rd #1108 STREET ADDRESS **577 DAVIS ROAD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **FAYETTEVILLE GA 30214** ☐ Delete TITLE 5447 Vineland Rd #1108 NAME HOLMES, DEBORAH NAME STREET ADDRESS STREET ADDRESS **577 DAVIS ROAD** CITY-ST-ZIP CITY-ST-ZIP FAYETTEVILLE GA 30214 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR