FILED

Jan 14, 2003 8:00 am

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## Secretary of State G06716 DOCUMENT # 1. Entity Name 01-14-2003 90085 026 \*\*\*150.00 APEX REALTY & EXCHANGE, INC. Principal Place of Business Mailing Address 8447 S. TAIAMI TRL PO BOX 20067 SARASOTA FL 34238 SARASOTA FL 34276 IIS 2. Principal Place of Business 3. Mailing Address PO BOX 20067 2000 Webber Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2228909 Sarasota a ras6) Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34276 0151 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLEN, KENNETH D. Street Address (P.O. Box Number is Not Acceptable) 6360 S TAMIAMI TRAIL SARASOTA FL 34231 City SarasoTa 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. Kenneth D. Allo FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change . ☐ Addition ALLEN, KENNETH D. NAME AllenKanneThP NAME STREET ADDRESS 8383 SHADOW PINE WAY STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 changed, or on an attachment with an address with all other like empowered.