

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H19200

1. Entity Name

APESCAPE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90236 050 ***150.00

Principal Place of Business

4212 18TH ST. WEST
 BRADENTON FL 34205

Mailing Address

4212 18TH ST. WEST
 BRADENTON FL 34205-9150

2. Principal Place of Business

1012 MARK AVE

3. Mailing Address

1012 MARK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ellenton FL

City & State

Ellenton FL

4. FEI Number

59-2448437

Applied For

Not Applicable

Zip

Country

34222 MANATEE

Zip

Country

34222 MANATEE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKINZIE, EDWARD L.
 4212 18TH ST. WEST
 BRADENTON FL 33505

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1012 MARK AVE

City

Ellenton

FL

Zip Code

34222

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, 2000 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCKINZIE, EDWARD L.	
STREET ADDRESS	2308 51ST AVE. TERR. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	504 Sally Lee Dr	
STREET ADDRESS	Ellenton FL	
CITY-ST-ZIP	34222	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ed McKinzie

4-28-00