

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90008 023 \*\*\*150.00

**DOCUMENT # H25258**

1. Entity Name

**APOLLO STEVEDORING COMPANY, INC.**

Principal Place of Business

**764 KINGSTON COURT  
APOLLO BEACH FL 33572  
US**

Mailing Address

**764 KINGSTON COURT  
APOLLO BEACH FL 33572  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2460190**

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

**SHEFFIELD, EDWARD E.  
764 KINGSTON CT  
APOLLO BEACH FL 33572**

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** may  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**DP  
SHEFFIELD, EDWARD E.  
764 KINGSTON CT  
APOLLO BEACH FL**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ ChangeTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**D  
SHEFFIELD, JOAN E.  
764 KINGSTON CT  
APOLLO BEACH FL**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ ChangeTITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change

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

SIGNATURE:

**Edward E. Sheffield**

2/4/00

813-645-2642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #