

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90138 016 \*\*\*150.00

**DOCUMENT # K34028**

1. Entity Name  
**APEC REALTY CORP.**



Principal Place of Business

**1301 SEMINOLE BLVD  
SUITE 105  
LARGO FL 33770-8118  
US**

Mailing Address

**1301 SEMINOLE BLVD  
SUITE 105  
LARGO FL 34640  
US**

2. Principal Place of Business

3. Mailing Address

**14906 WINDING CREEK  
SUITE 101 D**

**P.O. BOX 35**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

**DUNEDIN, FL**

Zip

**33613-1627**

Country

**HILLSBOROUGH**

Zip

**34697-0035**

Country

**PINELLAS**

4. FEI Number

**59-2911133**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOEFFLER, KARL  
1301 SEMINOLE BLVD  
SUITE 105  
LARGO FL 34640**

Name: **LOEFFLER, KARL**  
Street Address (P.O. Box Number is Not Acceptable)  
**14906 WINDING CREEK COURT  
SUITE 101 D  
TAMPA FL 33613-1627**

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.

SIGNATURE: **Karl Loeffler** **KARL LOEFFLER** **1/30/2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **LOEFFLER, KARL**  
STREET ADDRESS **109 SHORE DR.**  
CITY-ST-ZIP **DUNEDIN FL**

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/2003 727-784-4536**

Date

Daytime Phone #

CR2034 (10/02)