

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90027 007 ***150.00

DOCUMENT # K66482

1. Entity Name

APEK LEAD CO., INC.

Principal Place of Business

Mailing Address

FRANK KNAPEK
1962 SW AQUARIUS LANE
PORT ST. LUCIE FL 34984

%FRANK KNAPEK
1962 SW AQUARIUS LANE
PORT ST. LUCIE FL 34984-4402



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1690 S.W. Velloge Green Dr
 Suite, Apt. #, etc.
1204

1962 S.W. AQUARIUS LANE
 Suite, Apt. #, etc.
PORT ST LUCIE

City & State
PORT ST LUCIE FL

City & State
FL

4. FEI Number **59-2927703**

Applied For
 Not Applicable

Zip
34952 Country
ST LUCIE

Zip
34984 Country
ST LUCIE

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

KNAPEK, FRANK
1962 SW AQUARIUS LANE
PORT ST. LUCIE FL 34984

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 Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CD
PASSALAQUA, PATRICIA
1962 SW AQUARIUS LANE
PORT ST. LUCIE FL ☐ Delete

TITLE
 NAME
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☐ Change ☐ Addition

TITLE
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KNAPEK, FRANK
1962 SW AQUARIUS LANE
PORT ST. LUCIE FL ☐ Delete

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☐ Change ☐ Addition

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 **Frank Knappek** **FRANK KNAPEK**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 **561-340-1853**
 Date Daytime Phone #