## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000016636

1. Entity Name

A.P.W., II, L.L.C.



## **FILED** Mar 04, 2003 8:00 am Secretary of State 03-04-2003 90157 038 \*\*\*\*50.00

Signature, hyped or printed name of registered appril and still if applicable   (AVOTE: Registered appril service)   (AV						NA THE	/					
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   Signature	2060 SOUTHW	EST COLLEG		2060 SOUTHWEST CO	LLEGE ROAD							
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   Signature	2. Principal F	Place of Busin	ness	3 Mailing Address								
City & State  City & State Address of New Registered Agent  To Name  Street Address (P.C. Box Number is Not Acceptable)  City   FL Zip Codd  City   FL Zip  City   City  City   FL Zip  City   City  C		1400 01 0001	11000	5. Mailing Address			1188	TOLI OU OBITO HERY DOIN OCH	f <b>ub</b> ill <b>cu</b> lur ill	IO BLITT BITTE	HITIO OTH IODA	
Zip Country Zip Country S. Certificate of Status Desired S. Nov Application of Registered Agent Status Desired Status Desired Settle Desired Scotland Desired Registered Agent Status Desired Settle Desired Registered Agent T. Name and Address of New Registered Agent T. Name and Address	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.	<u>.</u>			☐ CHECK HERE	IF MAKING	CHANGES	;	
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent VILLIAMS, ALEX P 2060 SOUTHWEST COLLEGE ROAD OCALA FL 34474  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fortida. I am itemitar with, and accept the obligators of registered agent, or both, in the State of Fortida. I am itemitar with, and accept the obligators of registered agent.  IGNATURE  ### PILE NOW!!! FEE IS \$50.00  Make Chock Payable to Florida Department of State Due By May 1, 2003  ### ADDITIONS/CHANGES  OCALA FL 34474    Delete   ITHE NOW!! FEE IS \$50.00    Make Chock Payable to Florida Department of State Due By May 1, 2003    MGRM	City & Stat	te		City & State	City & State			4. FEI Number Applied For S 9 3 7 3 / 9 4 / Not Applied For				
S. Name and Address of Current Registered Agent  WILLIAMS, ALEX P  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Code  City  FL  Zip Code  Addition  Make Check Payable to Fiorida Department of State  Oue By May 1, 2003  Make Check Payable to Fiorida Department of State  Oue By May 1, 2003  Make Check Payable to Fiorida Department of State  Oue By May 1, 2003  Make Check Payable to Fiorida Department of State  Oue By May 1, 2003  City-51-2P  City-51	Zip Country			Zip	Count	try	l"		п ;	\$5.00 Ad	Iditional	
Name 2006 SOUTHWEST COLLEGE ROAD OCALA FI, 34474    City   FL   Zip Code		6. Name	and Address of Curren	t Registered Agent	'		7. Name a	nd Address of New R			<del></del>	
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Sip Code  City FL Xip Code  City FL Xip Code  City FL Zip Code  City FL Xip Co	Will	HAMS ALF	X P			Name			··· <del>-</del>	<del></del>	<del></del>	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    In a control of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    In a control of the purpose of changing its registered agent age	206	O SOUTHW	EST COLLEGE ROAD			Street Address	s (P.O. Box Num	ber is Not Acceptable	)			
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IGNATURE    Signature, hyped or present correct registered agent and title   applicable   (NOTE: Peoplicance required when reinstalling)   DATE	• <del>-</del>					•	•			1 '		
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SIGNATURE: X