2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90014 042 ***150.00

DOCUMENT # L11274

Entity Name

APEX ELECTRIC, INC.

Principal Place of Business	Mailing Address
6851 SW 21st Court Suite 13 Davie, FL 33317	6851 SW 21st Court Suite 13 Davie, FL 33317

D0055358

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2030 SW 71st Terrace D1	2030 SW 71st Terrace
Suite, Apt. #, etc. D1	Suite, Apt. #, etc. D1
City & State Davie, FL	City & State Davie, FL
Zip 33317 Country	Zip 33317 Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Levine, Robert J.
1110 Brickell Avenue, 7th Floor
Miami, FL 33131

7. Name and Address of New Registered Agent

Name: Maxfield, Chuck

Street Address (P.O. Box Number is Not Acceptable): 2030 SW 71st Terrace D1

City: Davie FL Zip Code: 33317

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: X [signature] 4/30/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NON-II FEE IS $150.00
After MAY 1, 2001 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
LE AE REET ADDRESS Y-ST-ZIP	PD Maxfield, Chuck 13710 SW 36th Court Davie, FL 33317 ☐ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Maxfield, Chuck 2030 SW 71st Terrace, D1 Davie, FL 33317 ☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE AE REET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
LE ME REET ADDRESS Y-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: X [signature] 4-30-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #