

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N24010

FILED
Feb 10, 2003
Secretary of State

Entity Name: APCO INSTITUTE, INC.

Current Principal Place of Business:

351 N. WILLIAMSON BLVD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

351 N. WILLIAMSON BLVD
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-2895017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMSEY, JOHN
351 N. WILLIAMSON BLVD
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: NASH, GLEN
Address: 351 N. WILLIAMSON BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: DS () Delete
Name: RAMSEY, JOHN
Address: 351 N. WILLIAMSON BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: BRADSHAW, THERA
Address: 351 N. WILLIAMSON BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: STILE, VINCENT
Address: 351 N. WILLIAMSON BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: BALLENTINE, GREGORY S
Address: 351 N WILLIAMSON BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BORASH, DIANA
Address: 351 N WILLIAMS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN RAMSEY

DS

02/10/2003

Electronic Signature of Signing Officer or Director

Date