

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N24943**

1. Entity Name

APCO AUTOMATED FREQUENCY COORDINATION, INC. ✓

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90074 001 ***210.00

| | |
|--|--|
| Principal Place of Business 2040 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119 | Mailing Address 2040 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA FL 32119 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-2894473 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

RAMSEY, JOHN
2040 S. RIDGEWOOD AVENUE
SOUTH DAYTONA FL 32119

7. Name and Address of New Registered Agent

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 **John Ramsey** DATE **7/19/00**

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GALLAGER, LYLE |
| STREET ADDRESS | 2040 S RIDGEWOOD AVE |
| CITY-ST-ZIP | S DAYTONA FL 32119 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | NASH, GLEN |
| STREET ADDRESS | 2040 S RIDGEWOOD AVE |
| CITY-ST-ZIP | S DAYTONA FL 32119 |
| TITLE | P <input type="checkbox"/> Delete |
| NAME | RAMSEY, JOHN |
| STREET ADDRESS | 2040 S RIDGEWOOD AVE |
| CITY-ST-ZIP | S DAYTONA FL 32119 |
| TITLE | D <input checked="" type="checkbox"/> Delete |
| NAME | KEATING, J T |
| STREET ADDRESS | 2040 S RIDGEWOOD AVE |
| CITY-ST-ZIP | S DAYTONA FL 32119 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | HANNA, JOE |
| STREET ADDRESS | 2040 S. RIDGEWOOD AVE. |
| CITY-ST-ZIP | SOUTH DAYTONA FL 32119 |
| TITLE | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Gallager, Lyle |
| STREET ADDRESS | 2040 S Ridgewood Ave |
| CITY-ST-ZIP | S Daytona FL 32119 |
| TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Nash, Glen |
| STREET ADDRESS | 2040 S Ridgewood Ave |
| CITY-ST-ZIP | S Daytona FL 32119 |
| TITLE | p <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Ramsey, John |
| STREET ADDRESS | 2040 S Ridgewood |
| CITY-ST-ZIP | S Daytona FL 32119 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Hanna, Joe |
| STREET ADDRESS | 2040 S Ridgewood Ave |
| CITY-ST-ZIP | S Daytona FL 32119 |
| TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bradshaw, Thera |
| STREET ADDRESS | 2040 S Ridgewood Avenue |
| CITY-ST-ZIP | S Daytona FL 32119 |

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 617, 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** Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR