

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90344 001 ***210.00

DOCUMENT # N24943

1. Entity Name

APCO AUTOMATED FREQUENCY COORDINATION, INC.

Principal Place of Business

2040 SOUTH RIDGEWOOD AVENUE
 SOUTH DAYTONA FL 32119

Mailing Address

2040 SOUTH RIDGEWOOD AVENUE
 SOUTH DAYTONA FL 32119

2. Principal Place of Business

351 N Williamson Blvd
 Suite, Apt. #, etc.

3. Mailing Address

351 N Williamson Blvd
 Suite, Apt. #, etc.

City & State

Daytona Beach FL

City & State

Daytona Beach FL

4. FEI Number

59-2894473

Applied For

Not Applicable

Zip

32114

Country

Volusia

Zip

32114

Country

Volusia

5. Certificate of Status Desired

\$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
John Ramsey
 Street Address (P.O. Box Number is Not Acceptable)
351 N Williamson Blvd
 City
Daytona Beach FL Zip Code
32114

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

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gallager, Tyle 351 N Williams Blvd Daytona Beach FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nash, Glen 351 N Williamson Blvd Daytona Beach FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Ramsey 351 N Williamson Blvd Daytona Beach, FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bradshaw, Thera 351 N Williamson Blvd Daytona Beach FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vincent Stale 351 N Williamson Blvd Daytona Beach FL 32114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

4/18/01

Date

904-322-2500

Daytime Phone #

CR2E037 (10/00)