

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90303 011 \*\*\*\*61.25

**DOCUMENT # N94000006278**



1. Entity Name  
**APOLLO BEACH WATERWAY IMPROVEMENT GROUP, INC.**

Principal Place of Business  
**ROBERT H. MOHR, ATTORNEY  
137 S PEBBLE BEACH BLVD #100  
SUN CITY CENTER FL 33573-5708  
US**

Mailing Address  
**ROBERT H. MOHR, ATTORNEY  
137 S. PEBBLE BEACH BLVD #100  
SUN CITY CENTER FL 33573-5708  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3292113</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>MOHR, ROBERT H CORPORATE CENTER, SUITE 100 137 S. PEBBLE BEACH BLVD. SUN CITY CENTER FL 33573-5708</b>				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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
---------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAGGARD, BOB			NAME			
STREET ADDRESS	6522 SOLITAIRE PALM WAY			STREET ADDRESS			
CITY-ST-ZIP	APOLLO BEACH FL 33572			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LITTLE, TOM			NAME			
STREET ADDRESS	6502 SANTIAGO COURT			STREET ADDRESS			
CITY-ST-ZIP	APOLLO BEACH FL 33572			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORMAN, OLIVER			NAME			
STREET ADDRESS	907 GOLF ISLAND DRIVE			STREET ADDRESS			
CITY-ST-ZIP	APOLLO BEACH FL 33572			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMOLENSKI, JOHN			NAME			
STREET ADDRESS	736 JAMAICA CIRCLE WEST			STREET ADDRESS			
CITY-ST-ZIP	APOLLO BEACH FL 33572			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBERTS, JERRY			NAME			
STREET ADDRESS	6413 RUBIA CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	APOLLO BEACH FL 33572			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1,19.07(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 the empowered.

SIGNATURE: *John Smolenski* SIGNATURE REQUIRED **March 27, 2003 (813) 641-5216**

CR2E037 (10/02)