

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000067650

1. Entity Name

Aptos Corporation

FILED

02 JUL 12 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

01-02

2. Principal Place of Business  
7935 Talavara Place

3. Mailing Address  
7935 Talavara Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Delray Beach, Florida

City & State  
Delray Beach, Florida

4. FEI Number  
65-1029413

Applied For  
Not Applicable

Zip  
33446

Country  
USA

Zip  
33446

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
CorpDirect Agents

Street Address (P.O. Box Number is Not Acceptable)  
103 N. Meridian Street

Lower Level

City  
Tallahassee

FL Zip Code  
32301

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

*Sam Wolfe*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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



January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P/S/T  
Nancy Ganz  
7935 Talavara Place  
Delray Beach, Florida 33446

TITLE  
NAME  
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CITY - ST - ZIP

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\*\*\*\*\$300.00 \*\*\*\*\$300.00

**DO NOT WRITE  
IN THIS SPACE**

13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nancy Ganz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Ganz

July 9, 2002

(561) 637-7660

Date

Daytime Phone #

CR2E034B (12/01)