

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90541 016 ***150.00

DOCUMENT # P00000077148

1. Entity Name
APEX SOLUTIONS, INC.

Principal Place of Business

771 KIRKMAN ROAD, #107
ORLANDO FL 32811

Mailing Address

P.O. BOX 748
WINDERMERE FL 34786

2. Principal Place of Business

415 ENTERPRISE ST.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

OCOE, FL.

City & State

Zip

34761-3420

Country

ORANGE

Country

4. FEI Number

59-3668776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BORK, DALE A
771 KIRKMAN ROAD, #107
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name

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

415 ENTERPRISE ST.

City

OCOE

FL

Zip Code

34761

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]* **DALE A. BORK, PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/2002

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **BORK, DALE A**
STREET ADDRESS **771 KIRKMAN ROAD, #107**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **VTD** ☐ Delete
NAME **ZALESKI, JOHN J**
STREET ADDRESS **771 KIRKMAN ROAD, #107**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE: ~~_____~~ ☒ Delete
NAME **HUNT, RONALD**
STREET ADDRESS **771 KIRKMAN ROAD, #107**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **415 ENTERPRISE ST**
CITY-ST-ZIP **OCOE, FL. 34761**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **415 ENTERPRISE ST.**
CITY-ST-ZIP **OCOE, FL. 34761**

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CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **DALE A. BORK, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02 **407-296-3688**

CR2E034 (9/01)