

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088976

1. Entity Name

A-PLUS PROPERTY SOLUTIONS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90364 015 ***150.00

Principal Place of Business 13680 CRYSTAL RIVER DRIVE ORLANDO FL 32828-8449	Mailing Address 13680 CRYSTAL RIVER DRIVE ORLANDO FL 32828-8449
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00034736



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 12472 LAKE UNDERHILL RD Suite, Apt. #, etc. #180	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ORLANDO, FL	
Zip	Country	Zip	Country
32828	USA	32828	USA

4. FEI Number 59-3674730	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FAZZONE, ROBERT A 13680 CRYSTAL RIVER DRIVE ORLANDO FL 32828-8449	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Robert A. Fazzone ROBERT A. FAZZONE / PRESIDENT 4/30/01 407-380-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)