

2002 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-29-2002 90714 031 ***150.00

DOCUMENT # P00000088976

1. Entity Name

A-PLUS PROPERTY SOLUTIONS, INC.

Principal Place of Business

13680 CRYSTAL RIVER DRIVE
 ORLANDO FL 32828-8449

Mailing Address

12472 LAKE UNDERHILL ROAD
 #180
 ORLANDO FL 32828-8449

37579



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2201 LONG PRAIRIE RD

Suite, Apt. #, etc.

SUITE 107-PMB163

3. Mailing Address

2201 LONG PRAIRIE RD

Suite, Apt. #, etc.

SUITE 107-PMB163

City & State

FLOWER MOUND, TX

City & State

FLOWER MOUND, TX

Zip

75022

Country

USA

Zip

75022

Country

USA

4. FEI Number

59-3674730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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 **ROBERT A. FAZZONE**

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

920 FIELD STREET

City

OVIEDO

FL

32765

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]

ROBERT A. FAZZONE

4/29/2002

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) ☐

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	PSC	<input type="checkbox"/> Delete
NAME	FAZZONE, ROBERT A	
STREET ADDRESS	13680 CRYSTAL RIVER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FAZZONE, CAROL S	
STREET ADDRESS	13680 CRYSTAL RIVER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2201 LONG PRAIRIE RD, SUITE 107-PMB163	
CITY-ST-ZIP	FLOWER MOUND, TX 75022	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2201 LONG PRAIRIE RD, SUITE 107-PMB163	
CITY-ST-ZIP	FLOWER MOUND, TX 75022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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] **ROBERT A. FAZZONE, President**

4/29/2002

972-691-1404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)